麻酔科医ハナ ②

なかお白亜
監修 松本克平

ACTION COMICS

ANESTHESIOLOGIST HANA
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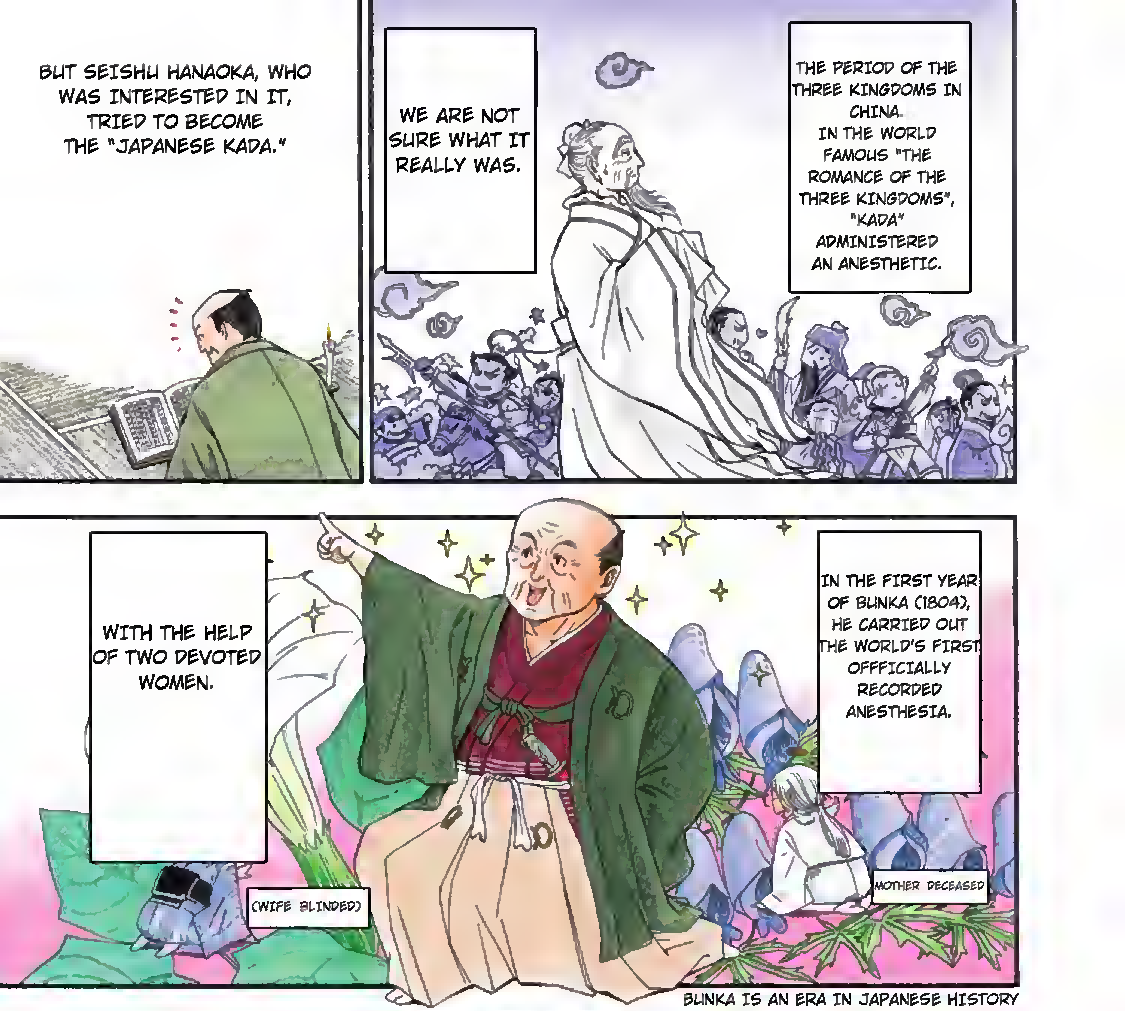
BUT SEISHU HANAOKA, WHO WAS INTERESTED IN IT, TRIED TO BECOME THE "JAPANESE KADA."
WE ARE NOT SURE WHAT IT REALLY WAS.
THE PERIOD OF THE THREE KINGDOMS IN CHINA. IN THE WORLD FAMOUS "THE ROMANCE OF THE THREE KINGDOMS", "KADA" ADMINISTERED AN ANESTHETIC.
WITH THE HELP OF TWO DEVOTED WOMEN.
(WIFE BLINDED)
IN THE FIRST YEAR OF BUNKA (1804), HE CARRIED OUT THE WORLD'S FIRST OFFFICIALLY RECORDED ANESTHESIA.
MOTHER DECEASED

BUNKA IS AN ERA IN JAPANESE HISTORY

IT IS THE 21ST CENTURY AND JUST NOW, JAPANESE ANESTHESIOLOGISTS...
THEN ANESTHETICS DEVELOPED BRILLIANTLY
40 YEARS LATER, A DENTIST NAMED WILLIAM MORTON, WHO IS CALLED THE FATHER OF MODERN ANESTHESIA,
SUCCESSFULLY DEMONSTRATED GENERAL ANESTHESIA BY ETEL.
EVERYBODY IS IN FORMAL WEAR
WHY ARE THEY LOOKING AT THE CAMERA?

ANESTHESIOLOGIST
HANA ②

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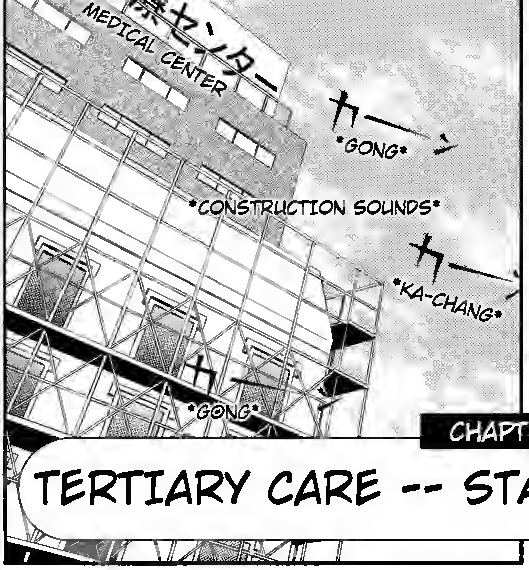
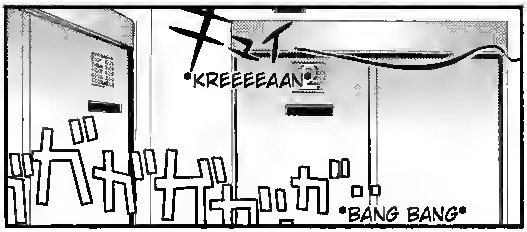
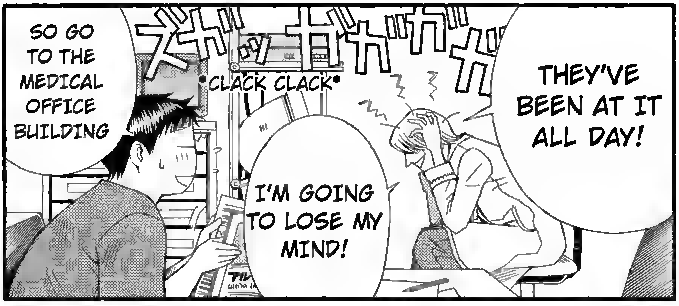


CHAPTER 10

TERTIARY CARE -- START!

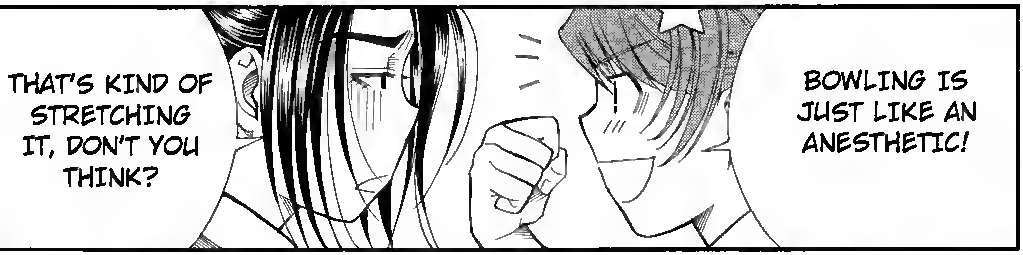


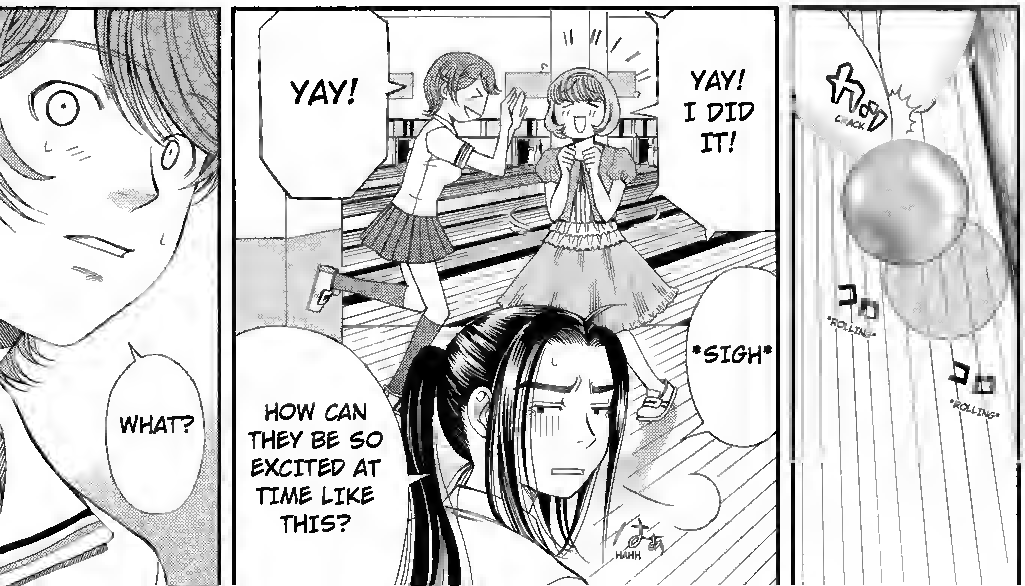
HA HA, WHATEVER MAN.
HEY, WHAT HAPPENED TO THE GIRLS ANYWAY?
I HAVEN'T SEEN THEM IN A WHILE
GONG
JOHNSON UNIVERSITY MEDICAL CENTER



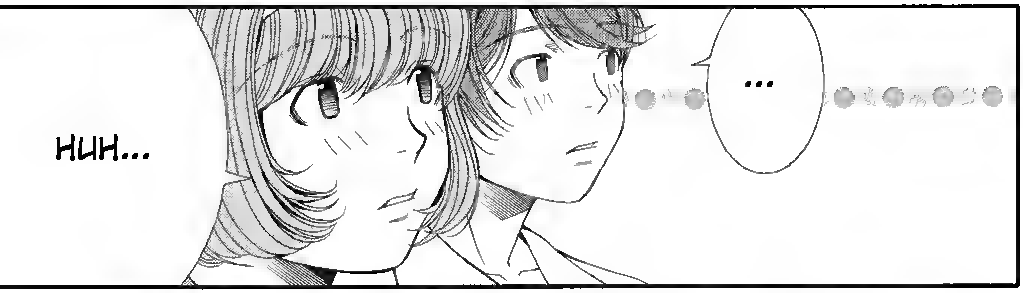
YES!
KA-BAM!
パカ
"BEAM"
STRIKE
"KA-BLAM"
BOOYAH!
A TURKEY!
ASANOME,
I GOT A STRIKE. AGAIN!
"FLEX"
本気
SHE IS SO SERIOUS! ABOUT BOWLING
SO-- DUMB
ココ
THIS ONE RIGHT HERE
WHAT DOCTOR GOES BOWLING IN THE MIDDLE OF THE AFTERNOON?!
EVEN WITH NO SURGERY TO DO BECAUSE OF THE CONSTRUCTION,

KEEP YOUR EYE ON THE LANE AND AIM AT THE TARGET.
TAKE IT OUT IN ONE SHOT!
YOU ARE SO UPTIGHT!
IT'S NOT EVERYDAY WE GET A CHANCE LIKE THIS!

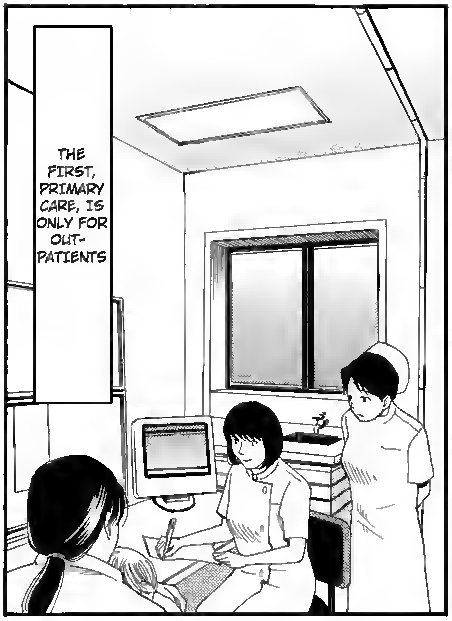

THAT'S KIND OF STRETCHING IT, DON'T YOU THINK?
BOWLING IS JUST LIKE AN ANESTHETIC!

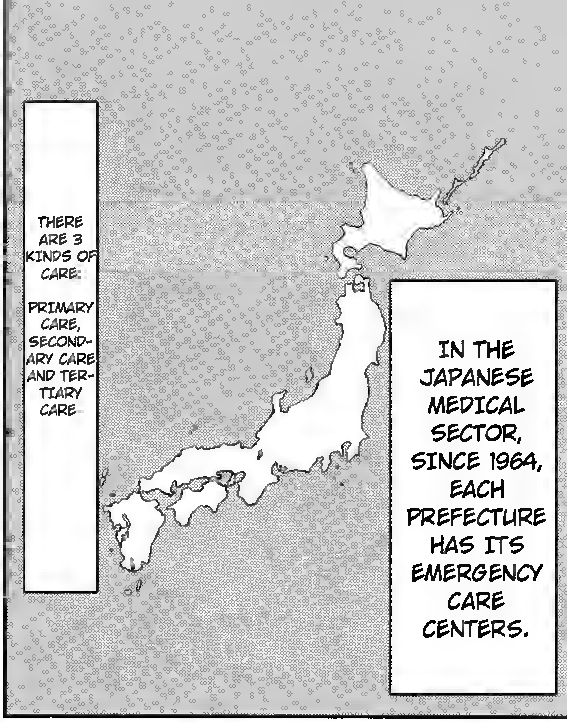

WHAT?
YAY!
HOW CAN THEY BE SO EXCITED AT TIME LIKE THIS?
YAY! I DID IT!
SIGH
HAHH
CRACK
"ROLLING"
"ROLLING"

SIGN BOWLING



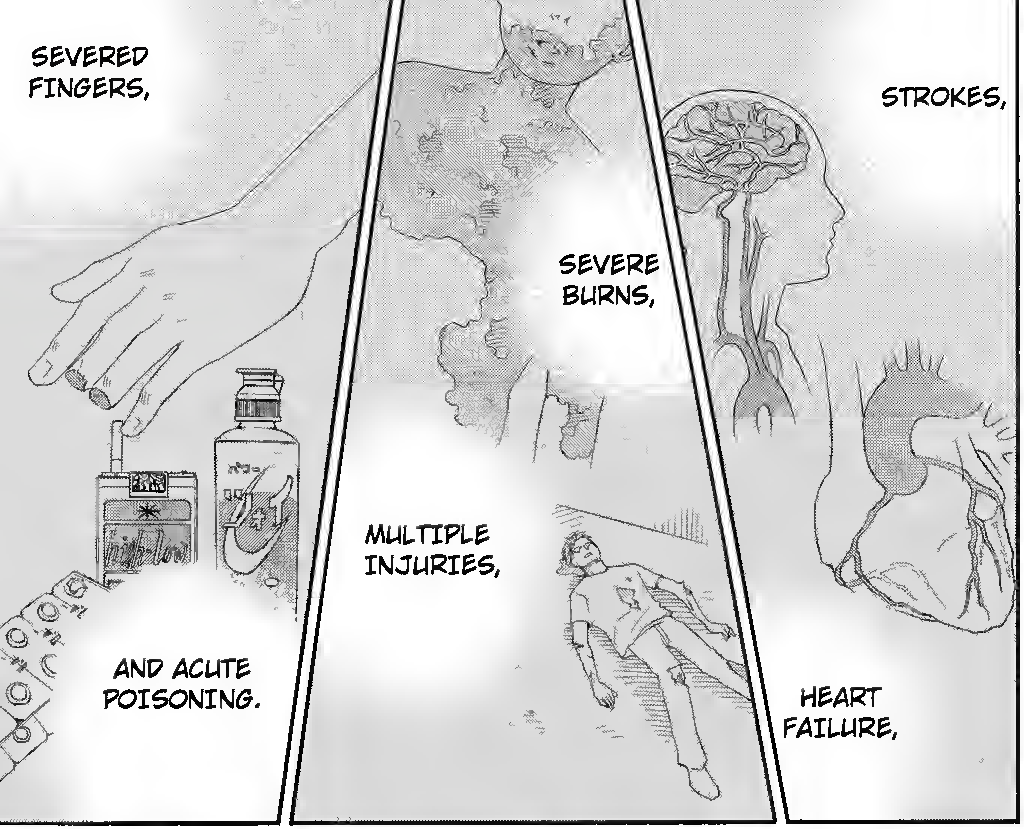
SIGN: BOWLING


THE FIRST, PRIMARY CARE, IS ONLY FOR OUT-PATIENTS


THERE ARE 3 KINDS OF CARE:
PRIMARY CARE, SECOND-ARY CARE AND TER-TIARY CARE
IN THE JAPANESE MEDICAL SECTOR, SINCE 1964, EACH PREFECTURE HAS ITS EMERGENCY CARE CENTERS.

AND THE LAST ONE, TERTIARY CARE...
TERTIARY CARE IS FOR PATIENTS WHO CAN'T BE TAKEN CARE OF IN SECONDARY.

NEXT, SECOND-ARY CARE.
THAT'S FOR PATIENTS WHO NEED TO STAY IN THE HOSPITAL OR WHO NEED THE SURGERY WE DO.


SEVERED FINGERS,
SEVERE BURNS,
STROKES,
MULTIPLE INJURIES,
AND ACUTE POISONING.
HEART FAILURE,

WE HAVE TO TAKE CARE OF EVERY SINGLE CRITICAL PATIENT YOU COULD EVER IMAGINE, 24 HOURS A DAY,
UNTIL NO DOCTORS ARE AVAILABLE OR EVERY BED IS FILLED.
119
17

IS THE LAST HOPE FOR EMERGENCY ROOM PATIENTS.
THAT MEANS THE TERTIARY INTENSIVE CARE CENTER,
救急車専用
AMBULANCES ONLY
一般車
GENERAL TRAFFIC

RECENTLY, THEY CAN'T HANDLE THEIR PATIENT LOAD OVER IN SECONDARY.
THEY ARE OVERFLOWING WITH PATIENTS TO THE POINT THAT THEY ARE JUST PASSING THEM ALONG
TO TERTIARY CARE!

IT'S LIKE WAR IN THE OPERATING ROOM!

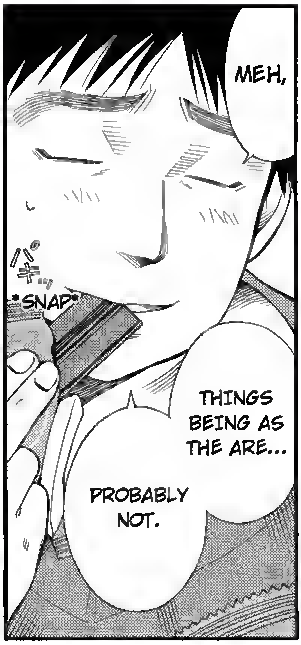
LACK ANY SENSE OF CRISIS!
GRR!
YOU GUYS...
THEY'RE LIKE SLAVES, I TELL YOU! SLAVES!
ANESTHESI-OLOGISTS IN TERTIARY CARE,
HURRY UP AND THROW THE BALL!
キャっ "SHRIEK"
キャっ "SHRIEK"
HEY!

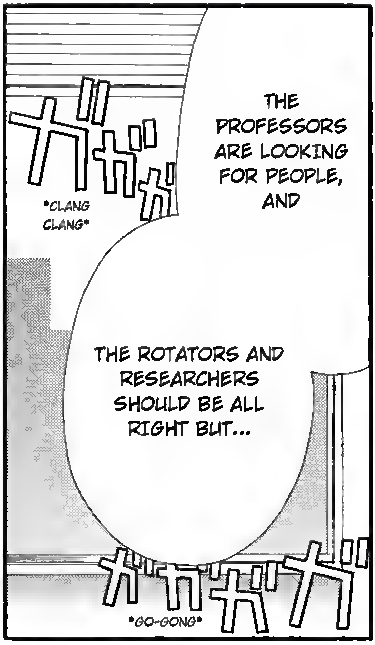
ガガ "CLANG"
ガガガガ "GONG" "BING"
ガガ "BANG"

THEY PROBABLY UNDERSTAND THE SITUATION.
ガガガガ "GONG"
UH...
ハハは...
ガガガ "GONG"
HOW CAN THEY GO BOWLING AT A TIME LIKE THIS?!

THERE'S NO ROOM FOR NEGLIGENCE, NO ROOM TO MESS AROUND.
THEY ARE JUST TALKING ABOUT RENOVATIONS, BUT THEY ARE ACTUALLY MAKING MORE OPERATING ROOMS.

AND?
ARE WE GONNA BE ALL RIGHT?

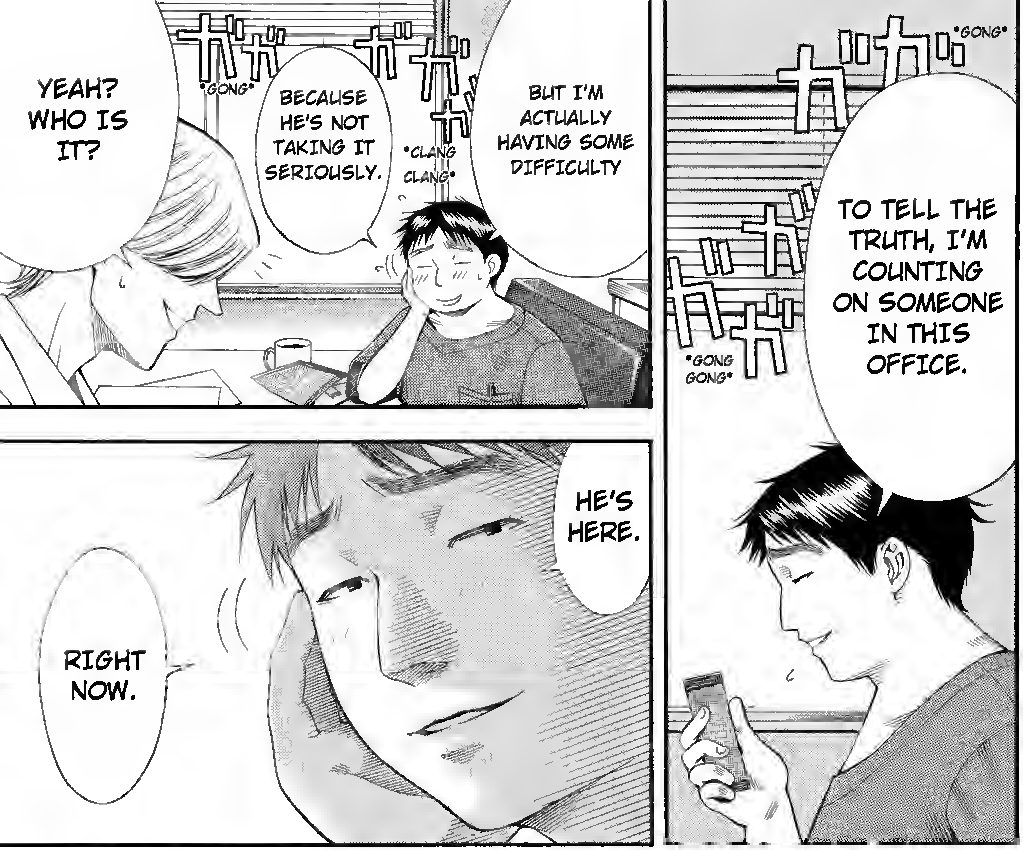

MEH,
SNAP
THINGS BEING AS THE ARE...
PROBABLY NOT.

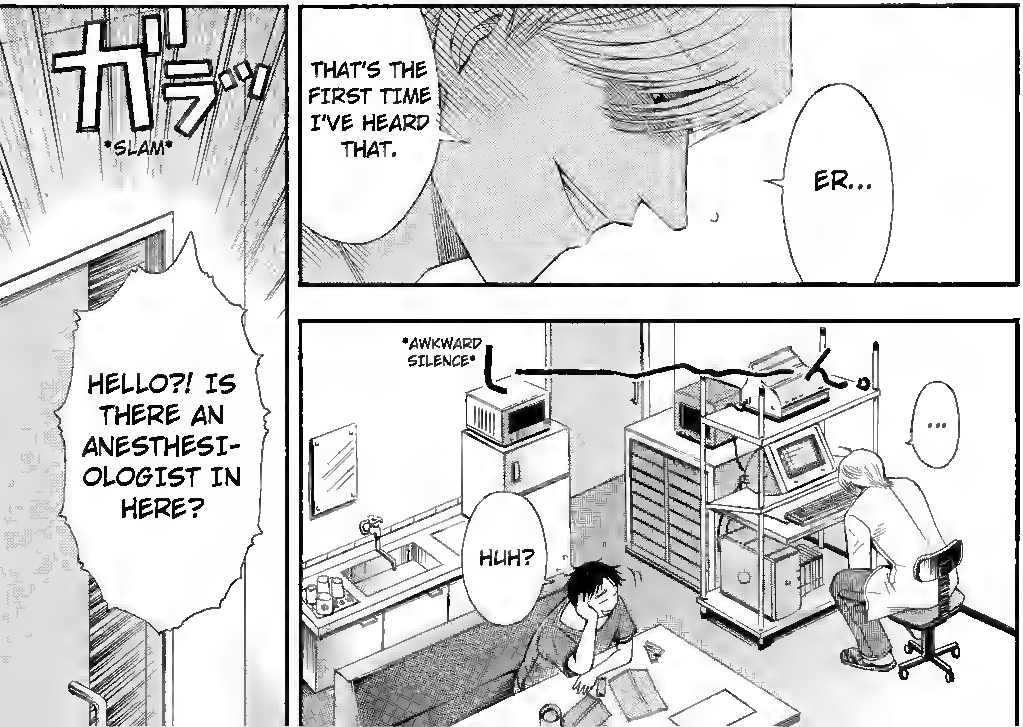

CLANG CLANG
THE PROFESSORS ARE LOOKING FOR PEOPLE, AND
THE ROTATORS AND RESEARCHERS SHOULD BE ALL RIGHT BUT...
GO-GONG

YEAH. ALTHOUGH...
ONE DOCTOR IS SUPPOSED TO COME FROM THE MAIN HOSPITAL. BUT...

CLANG
SINCE A LOT OF ANESTHESIOLOGISTS IN THE MEDICAL ADVISING CLASS QUIT THEIR UNIVERSITY MEDICAL CENTER JOBS TO ENTER PRIVATE PRACTICE...
THERE AREN'T ENOUGH MID-LEVEL DOCTORS TO GO AROUND AT THE MAIN HOSPITAL EITHER.
はは…
HA HA
GONG

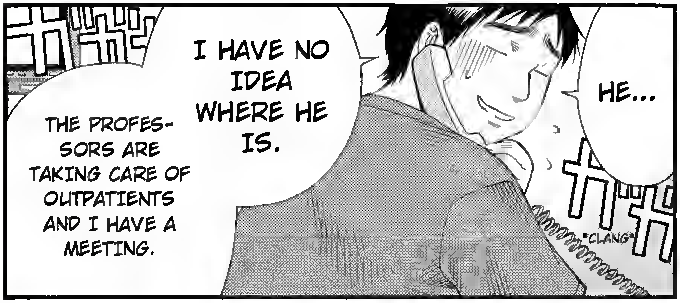
...WELL...
IT'S COMPLICATED.


YEAH? WHO IS IT?
GONG
BECAUSE HE'S NOT TAKING IT SERIOUSLY.
CLANG CLANG
BUT I'M ACTUALLY HAVING SOME DIFFICULTY
GONG
GONG GONG
TO TELL THE TRUTH, I'M COUNTING ON SOMEONE IN THIS OFFICE.
HE'S HERE.
RIGHT NOW.


SLAM
HELLO?! IS THERE AN ANESTHESI-OLOGIST IN HERE?
THAT'S THE FIRST TIME I'VE HEARD THAT.
ER...
AWKWARD SILENCE
HUH?
...

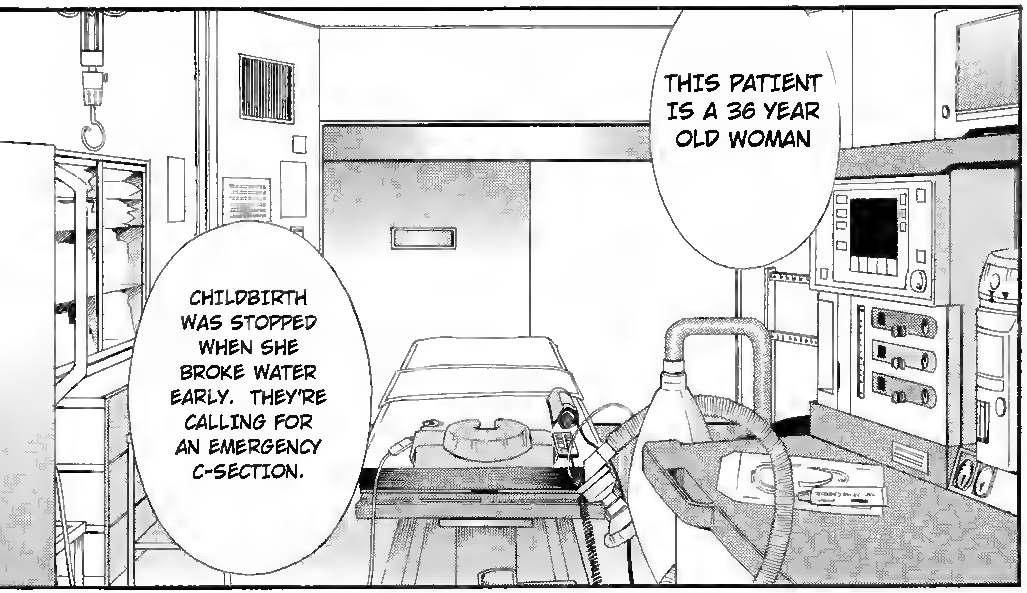
I MEAN, I CAN DO IT...
CAN'T SOMEONE THERE RESPOND?
BUT WHAT ABOUT DR. KOBAYAKAWA?

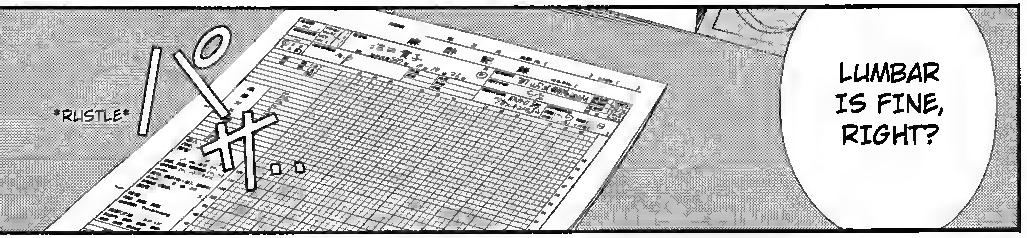
WHAT? AN EMERGENCY?! I CAN'T HEAR REAL WELL!


THE PROFESSORS ARE TAKING CARE OF OUTPATIENTS AND I HAVE A MEETING.
I HAVE NO IDEA WHERE HE IS.
HE...
CLANG

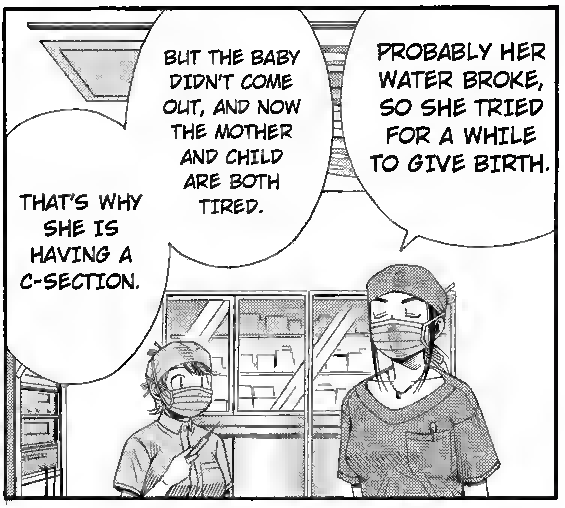
HEY HANA, WHY DON'T YOU DO IT?
IT'S AN EMERGENCY CESAREAN SECTION.
*BEE
WHAT? ME?

ALL RIGHT, ALL RIGHT!
I GOT IT!
I'LL BE THERE SOON.


THIS PATIENT IS A 36 YEAR OLD WOMAN
CHILDBIRTH WAS STOPPED WHEN SHE BROKE WATER EARLY. THEY'RE CALLING FOR AN EMERGENCY C-SECTION.

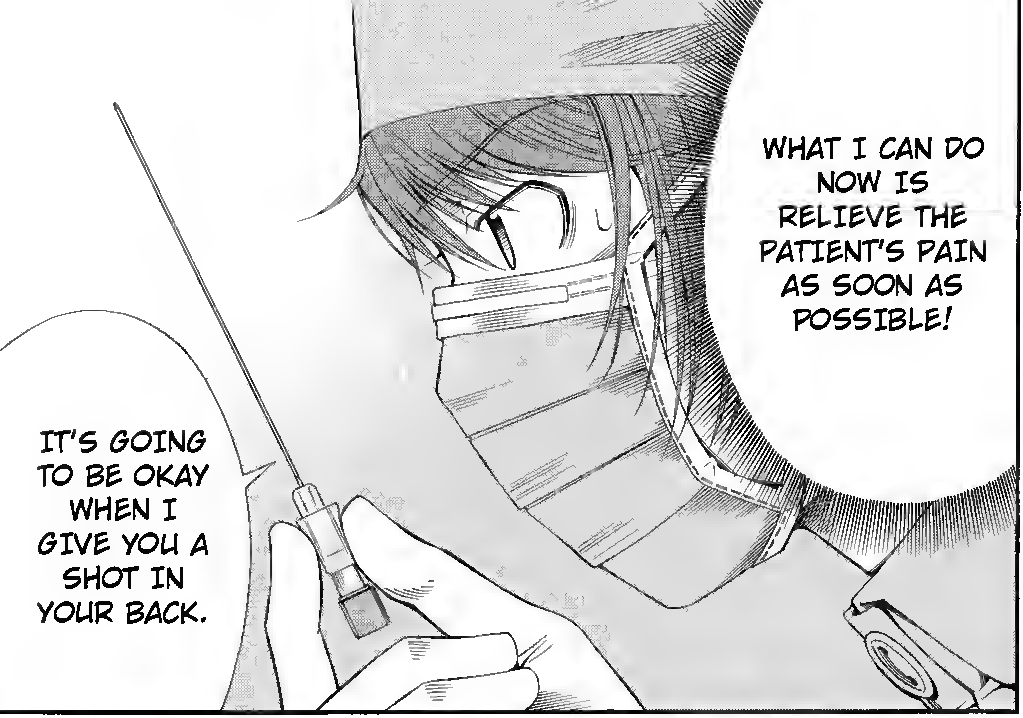

RUSTLE
LUMBAR IS FINE, RIGHT?

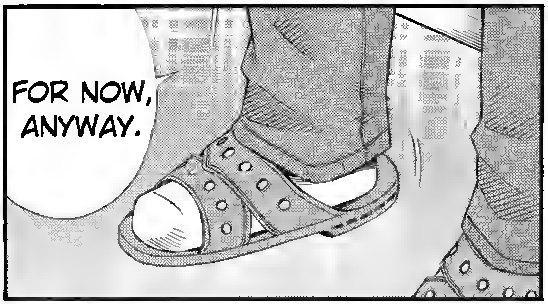
THE PATIENT MIGHT COME SOON.
OKAY!
CALL ME WHEN YOU INJECT THE ANESTHE-SICS.


PROBABLY HER WATER BROKE, SO SHE TRIED FOR A WHILE TO GIVE BIRTH.
BUT THE BABY DIDN'T COME OUT, AND NOW THE MOTHER AND CHILD ARE BOTH TIRED.
THAT'S WHY SHE IS HAVING A C-SECTION.

HAHH
くた
EXHAUSTED
HAHH
HAHH
UHN...

MS. NUMATA, COULD YOU LAY ON WHICHEVER SIDE IS MORE COMFORTABLE?
OH GOD, THIS IS HORRIBLE.
CHILD-BIRTH IS SCARY!
SHE IS WAY BEYOND JUST BEING TIRED.


WHAT I CAN DO NOW IS RELIEVE THE PATIENT'S PAIN AS SOON AS POSSIBLE!
IT'S GOING TO BE OKAY WHEN I GIVE YOU A SHOT IN YOUR BACK.


FOR NOW, ANYWAY.

IF PEOPLE STILL FEEL PAIN AFTER THEY GO TO THE WARD, WHAT DO THEY NEED ANESTHESIOLOGISTS FOR?

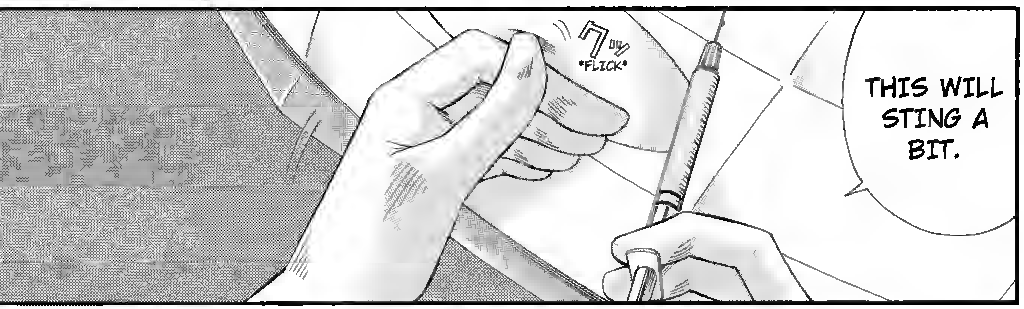
IF HER C-SECTION IS PERFORMED USING ONLY LUMBAL,
THE WOUND WILL START HURTING 3-4 HOURS AFTER SURGERY.

I'M SO SORRY!
ガガガ...
RUMBLE RUMBLE
ガガ
RUMBLE
I'M SORRY I ASKED YOU TO COME IN FOR AN EMERGENCY LIKE THIS.
NO PROBLEM.
SPIN
I EXPECT THESE KINDS OF EMERGENCIES IN OBSTETRICS. IT'S NOT LIKE ONE CAN CHOOSE WHEN TO GIVE BIRTH.
THERE'S ONLY THE ONE OPERATING ROOM OPEN, ISN'T THERE?
AH...
NO WORRIES. ONE OF THE MALE DOCTORS IS WATCHING HER.
OH! OKAY.
NO WAY!
I TOLD HER TO CALL ME WHEN SHE DOES IT!
YOU'RE KIDDING!
DON'T WORRY ABOUT IT. THE SURGICAL DEPARTMENT JUST FINISHED USING THAT ROOM FOR A REGULAR PROCEDURE
SHREWDLY
THE ANESTHESIA SHOULD BE TAKING EFFECT ABOUT NOW.
HUH?!
OKAY, THEN...

HOW'S THE C-SECTION GOING?
YO, ASA-NOME!
DR. KOBAY-AKAWA?
OH, WHEW!
カラ
SLIDE
DR. KOBAY-AKAWA IS WORKING REALLY HARD!
HAHH...
...
AH, THE MEETING FINISHED EARLIER THAN I EXPECTED
UZUKI?!
あはは
AH HA HA
IS THE C-SECTION FINISHED?
HEY...
WOBBLE
YUP.
THERE ARE TWO IN THE EAST
CAN I ASK YOU A STUPID QUES-TION?
WE ONLY HAVE TWO MEN IN THIS MEDICAL OFFICE, DON'T WE?
——それじゃあ今
あの部屋でハナにくっついてる
男っていったい…
SO THEN WHO IS IN THAT ROOM WITH HANA?

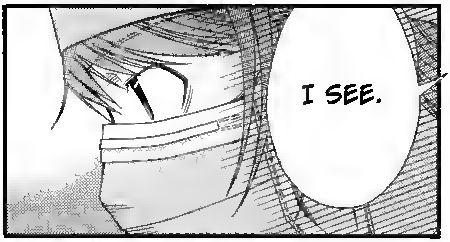
NOW, WE ADMINISTER SPINAL ANESTHESIA BETWEEN THE L2 AND L3 VERTEBRAE.
AND EPIDURAL ANESTHESIA BETWEEN THE TH12 AND L1 FOR POST-OP PAIN RELIEF.
BEEP
BEEP
BEEP
BEEP

WHO IS THIS GUY?
WHOOSH

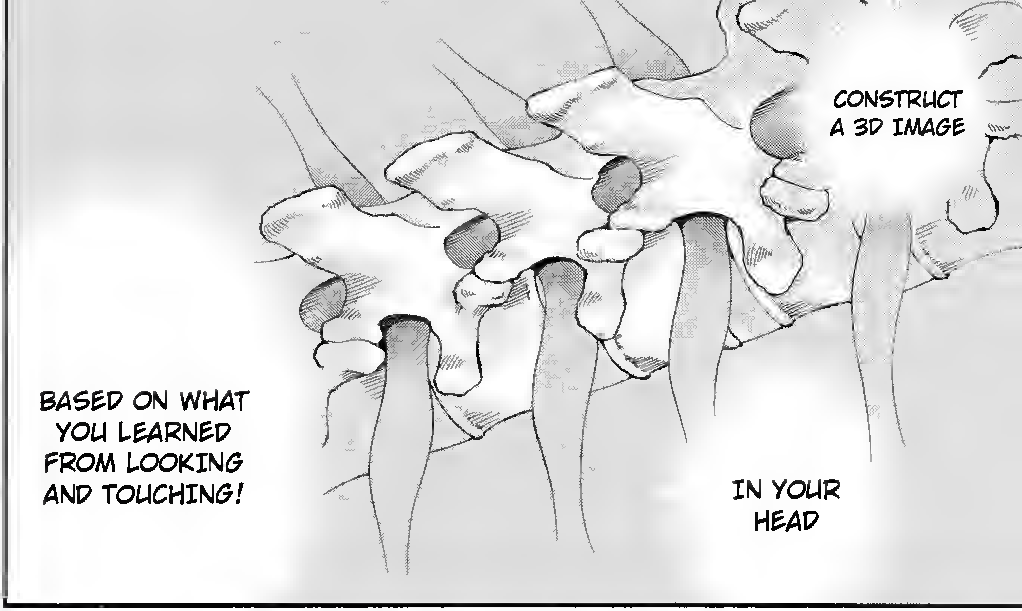

FLICK
THIS WILL STING A BIT.

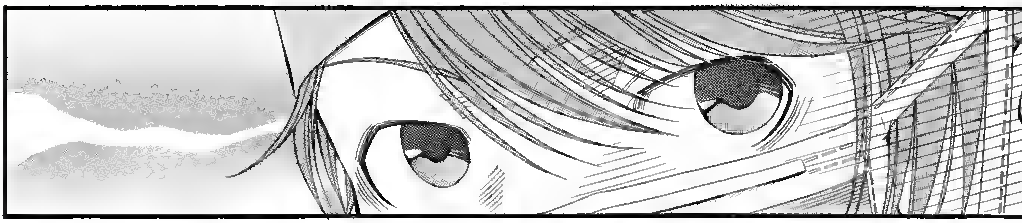
BEFORE YOU GIVE THE IN-JECTION.
LOOK AND TOUCH MORE!

DID I DO SOMETHING WRONG?
THAT'S RIGHT.

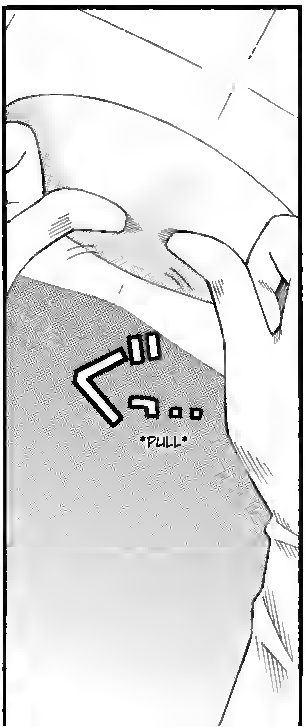

I SEE.

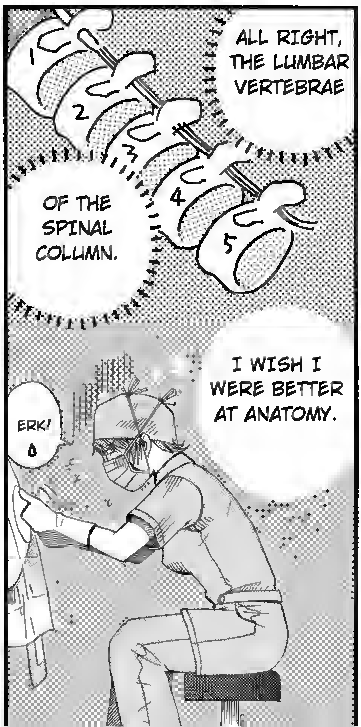
SO YOU THINK IF YOU INJECT RIGHT DOWN BETWEEN TWO LUMBAR VERTEBRAE, THAT SHOULD BE FINE?
HUH?


CONSTRUCT A 3D IMAGE
BASED ON WHAT YOU LEARNED FROM LOOKING AND TOUCHING!
IN YOUR HEAD

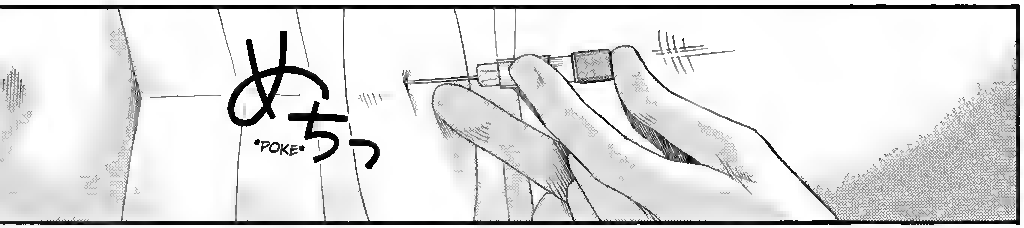


BUT...


PULL


ALL RIGHT, THE LUMBAR VERTEBRAE
1
2
3
4
5
OF THE SPINAL COLUMN.
I WISH I WERE BETTER AT ANATOMY.
ERK!

I CAN SEE THE ROUTE TO THE SPINAL CORD!


めちっ
POKE

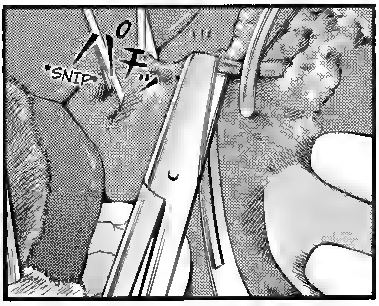
HMPH.

YOU'VE GOT SOME QUICK REFLEXES THERE, ACE.
HUH?
HEY, YOU
PHEW
•SL...M•
MISSION ACCOM-PLISHED!

•SNAP•
TEACHING YOU IS GOING TO BE--A LOT--OF FUN!
END OF CHAPTER 10

CHAPTER 11

OBEN NEBEN

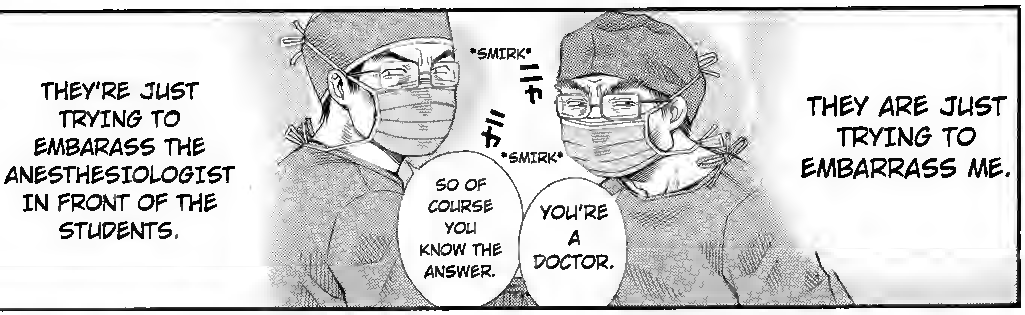


UH OH! IT'S TIME FOR THE ANNUAL TERRIFYING POP QUIZES FOR THE STUDENTS TRAINING IN THE HOSPITAL.
POOR STUDENTS!
STRANGE LAUGH
OKAY, SO NOBODY KNOWS? ALL RIGHT, THE ANSWER IS--

CHAPTER 11

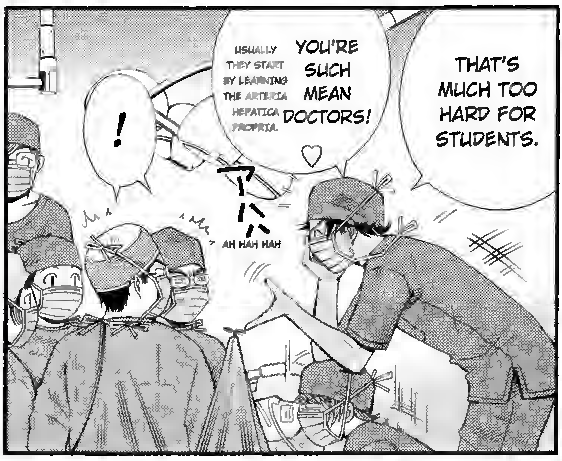
OBEN NEBEN

WHAT?!
UMM...
WELL...
ME AND ANATOMY--WE DON'T REALLY--WELL YOU KNOW WHAT I'M SAYING.


THEY ARE JUST TRYING TO EMBARRASS ME.
SMIRK
SMIRK
YOU'RE A DOCTOR.
SO OF COURSE YOU KNOW THE ANSWER.
THEY'RE JUST TRYING TO EMBARASS THE ANESTHESIOLOGIST IN FRONT OF THE STUDENTS.

COME ON! HURRY UP AND ANSWER!
PAT
BUT IF THAT'S WHERE THE INCISION WAS MADE, IT HAS TO BE EITHER THE ARTERIA GASTRICA DEXTRA OR THE ARTERIA GASTROEPIPLOICA DEXTRA.
THAT GIVES ME A FIFTY PERCENT CHANCE.
EH, WHATEVER!
ARTE--
FLINCH
THEIR OPERATIVE FIELD IS SO MESSY! I CAN'T TELL WHAT'S GOING ON IN THERE!

HOWEVER,
DIVERGENCE FROM THE LEFT HEPATIC ARTERY IS NOT REALLY TYPICAL.


USUALLY THEY START BY LEARNING THE ARTERIA HEPATICA PROPRIA.
YOU'RE SUCH MEAN DOCTORS!
THAT'S MUCH TOO HARD FOR STUDENTS.
!
AH HAH HAH

IS THAT RIGHT?
BY THE WAY, I'VE NEVER SEEN YOU IN HERE BEFORE.

IT'S THE ARTERIA GASTRICA DEXTRA,
PROFESSOR!
OOH! ME! ME!
JUMPS UP OUT OF NOWHERE
AH...

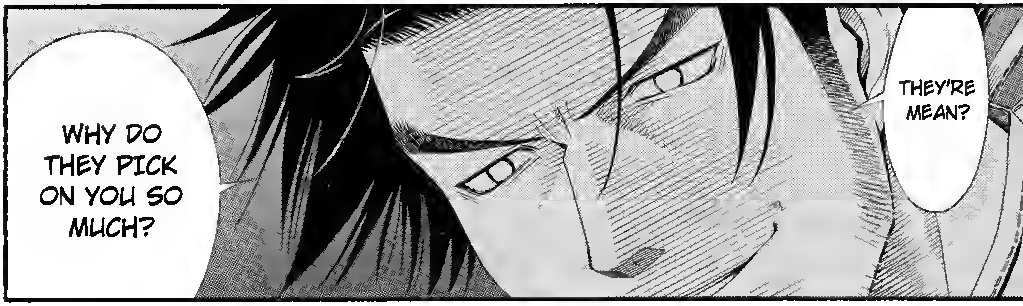
MY NAME IS HIURA. I USED TO BE IN THE MAIN HOSPITAL.
I JUST TRANSFERRED TO THE EAST TODAY.
"SMIRK"
IT'S A PLEASURE TO MEET YOU.
♡
"RATTLE"
"RATTLE"
THAT GUY?
YEAH, THAT'S HIM! THE TALL, DARK-SKINNED GUY!
EVERYONE IS TALKING ABOUT IT!
HE'S THE SUPPLEMENTARY FOR TERTIARY CARE.
ぜんぜん麻酔科医っぽくないねー…
DOESN'T SEEM ANYTHING LIKE AN ANESTHESIOLOGIST DOES HE
WELL,
HE SEEMS LIKE A NICE GUY.
I GUESS.
ACTUALLY I DON'T CARE WHAT HE'S LIKE IF HE KNOWS WHAT HE'S DOING.

ANYWAY,
TMP
TMP
TMP
OOPS
WHEW, THAT WAS A CLOSE ONE BACK THERE.
CLATTER
ESSEN AβGEGESSEN
HUMMING
WHAT TO EAT, WHAT TO ♡ EAT...
YAY! ♡
I GOT 30 MINUTES FOR LUNCH!
POWER WALKING
WOMEN'S LOCKER ROOM
女子更衣室
ER...
WHAT WAS A CLOSE ONE?
BUT IT SEEMS YOU RESERVE THAT TALENT FOR FOOD.
?
WHAT?
HMPH
I THOUGHT YOU HAD QUICK REFLEXES.

AHH!
WHAM

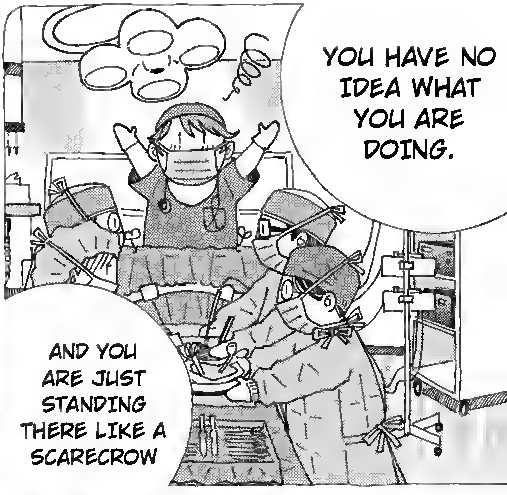
I NEED TO KNOW.
WHAT WAS GOING ON EARLIER?
...

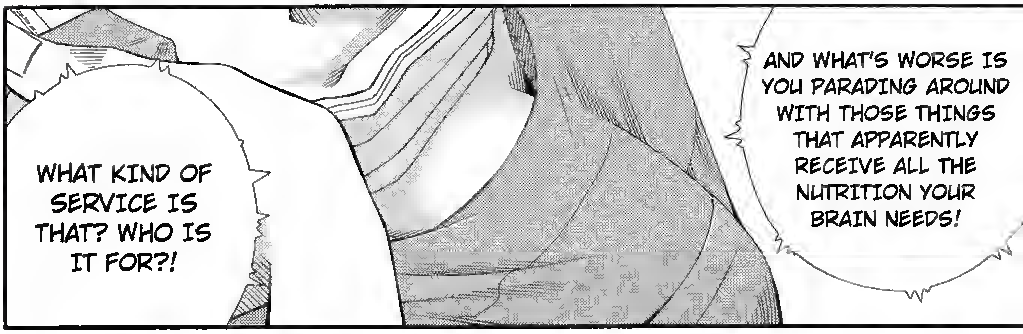
BOX IN THE CORNER: INUDUKA E-PHARMA



IT'S BECAUSE YOU...
ARE BAD AT YOUR JOB!
NO! WRONG ANSWER!
YOU GOT IT?!
A WOMAN LIKE YOU, WITH NO BRAIN, ANESTHETIZE?!
THAT'S WHY ANESTHESI-OLOGISTS HERE ARE PICKED ON BY CHUMP SURGEONS LIKE THEM!

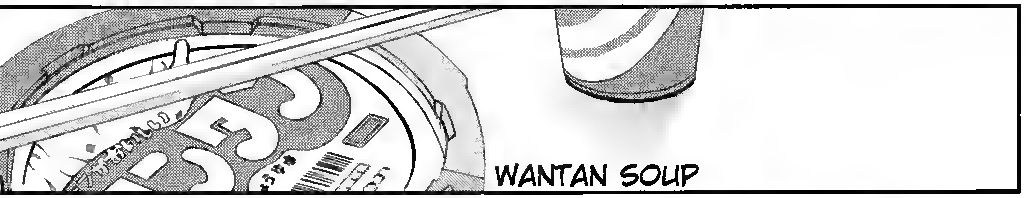
YOU EVEN DEPEND ON THE SURGEONS' DIRECTION ON YOUR MAIN JOB, ANESTHESIA!


YOU HAVE NO IDEA WHAT YOU ARE DOING.
AND YOU ARE JUST STANDING THERE LIKE A SCARECROW


WHAT KIND OF SERVICE IS THAT? WHO IS IT FOR?!
AND WHAT'S WORSE IS YOU PARADING AROUND WITH THOSE THINGS THAT APPARENTLY RECEIVE ALL THE NUTRITION YOUR BRAIN NEEDS!

WHOOSH
HERE! TAPE THEM UP WITH THIS!
BOING
OWW!

YOU ARE...
A WHORE OF A SURGEON.

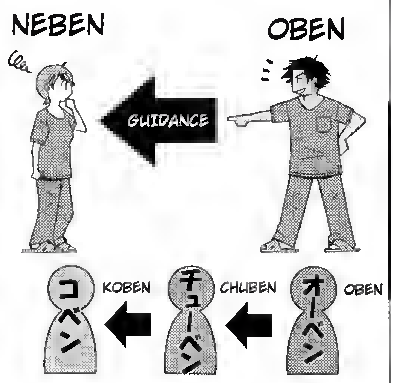

WANTAN SOUP

HE CAN'T SAY THAT JUST BECAUSE HE IS MY TRAINER.
THAT'S NOT TRAINING, IT'S ABUSE!
I DON'T NEED AN OBEN.

HE'S AWFUL!
HE CALLED ME A WHORE!

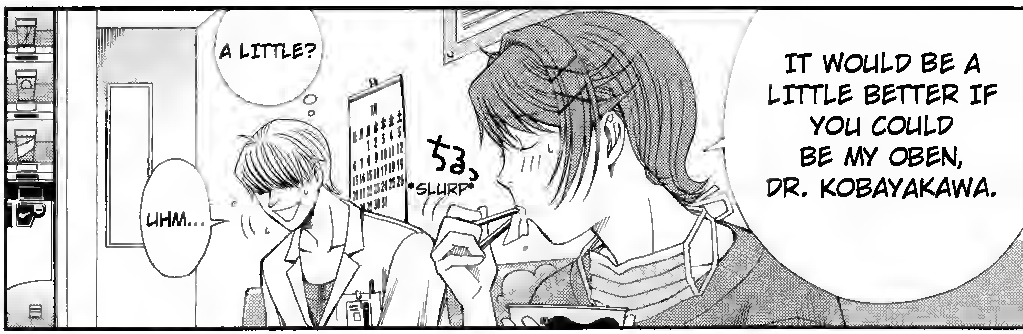
UMM.
DR. KOBAY-AKAWA?
CAN YOU BELIEVE THAT JACKASS?!
SOB

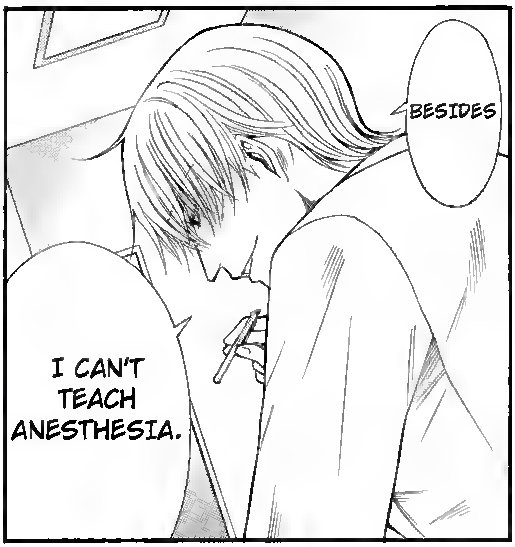
A NEBEN IS TRAINED BY ONE OBEN, BUT THEIR RELATIONSHIP IS NOT CLEAR IN ANESTHESIOLOGY AND THERE ARE FEW MEDICAL OFFICES LIKE THIS.

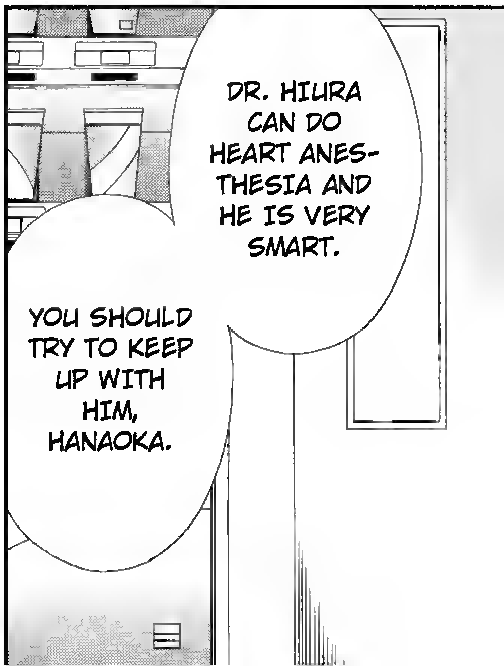


OBEN IS GERMAN, BUT IN JAPANESE THE CHARACTER "大" OR "BIG," IS USED. SOME PLACES ALSO USE THE CHARACTERS "中" (CHU) AND "小" (KO) TO REFER TO "MEDIUM" AND "SMALL" RESPECTIVELY.

AN "OBEN" IS A BOSS IN MEDICAL WORLD DIRECTLY RESPONSIBLE FOR A "NEBEN," A SUBORDINATE.







I GUESS YOU'RE RIGHT.

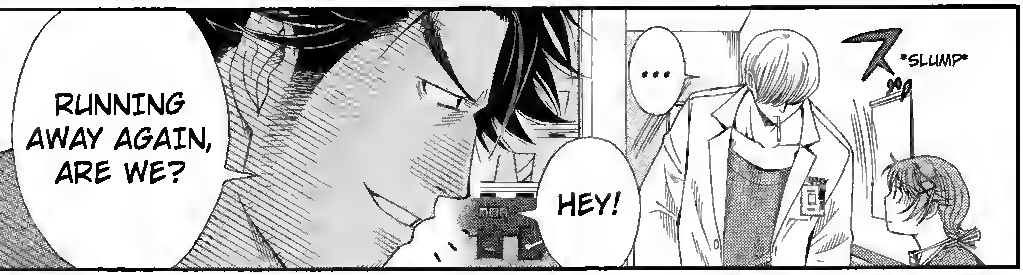
I CAN'T BELIEVE YOU ARE STILL AN ANESTHESIOLOGIST...
I KNEW I'D SEEN YOU SOMEWHERE.

THAT'S SOME NERVE, DR. KOBAYAKAWA.
AFTER YOU KILLED A PATIENT.
THUMP

HEY!
HOLD ON THERE!
WHAT ARE YOU SAYING!?
SNAP
ニヤ..
SMIRK

HANAOKA,
LISTEN CAREFULLY.
BEFORE THEY BECOME VETERANS, SOME SURGEONS...
BRAG ABOUT HOW MANY PATIENTS THEY HAVE KILLED USING THE WORDS "MEDICAL TREATMENT" AS A COVER.

BUT IF AN ANES-THESIOLOGIST KILLS EVEN ONE PATIENT,
IT'S ENOUGH REASON TO QUIT ANESTHESIOLOGY.


RUNNING AWAY AGAIN, ARE WE?
HEY!
...
SLUMP

YOU KNOW BETTER THAN TO THINK THAT YOU CAN ESCAPE FROM THIS.
YOU'LL NEVER LEARN.

!
DR. KOBAY-AKAWA.
たっ
"TAP"
...

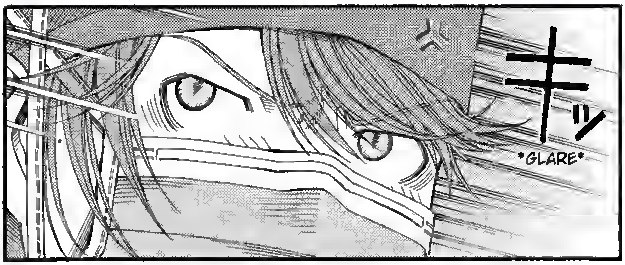
...HANAOKA...
DAMN IT

WHAT?
HE'S RIGHT.
WHAT DR. HIURA SAID...

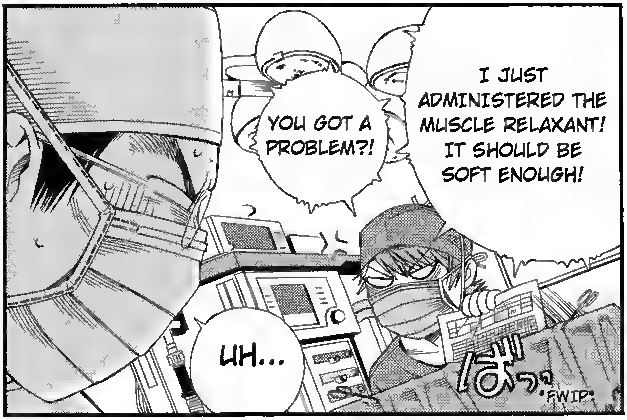
DON'T WORRY ABOUT ME.
HAVE LUNCH AND GO BACK TO THE OPERATING ROOM. TAKE GOOD CARE OF YOUR PATIENTS.
"SLAM"
AH...

"BEEP"
"BEEP"
"BEEP"
HR 62

I'LL SHOW THIS OBEN...
A DARK OMEN! MWA HA HA!
UHH, DOCTOR?
"MENACING FURY"
FAR FROM COMING HERE TO HELP, HE CAME HERE TO DESTROY US!
"ANNOYED"
THAT GUY...
...
IF IT'S JUST AGAINST ME, THAT'S ONE THING. BUT AGAINST DR.KOBAYAKAWA TOO...


GLARE

THIS STOMACH IS SO HARD!
HOW CAN WE CLOSE IT UP WITH IT LIKE THIS?


I JUST ADMINISTERED THE MUSCLE RELAXANT! IT SHOULD BE SOFT ENOUGH!
YOU GOT A PROBLEM?!
UH...
FWIP

HELLO FELLOW DOCTORS!
DID MY NEBEN DO SOMETHING BAD?
SMIRK
SMIRK

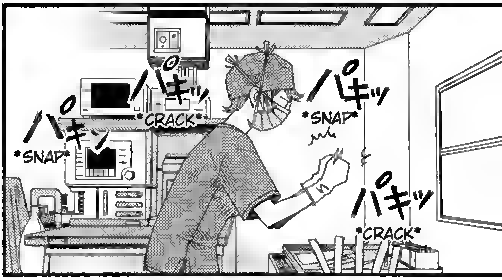
SLAM

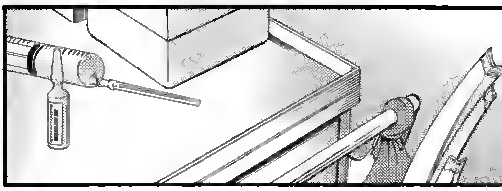
I'M SCARED...
はは...
HA HA
UHM...ARE YOU ON YOUR PERIOD?

AH
WELL,
WE WERE JUST ABOUT TO CLOSE THE STOMACH.
OH, YOU NEED A MUSCLE-RELAXANT.
I'LL TAKE CARE OF THAT FOR YOU.
IN INDECENT HASTE
WHA--
WHAT THE HELL?
HE'S THE ONE WHO SAID NOT TO COMPLIMENT THE SURGEONS.
I'LL ADMINISTER A MORE-THAN-ADEQUATE DOSE. JUST TAKE YOUR TIME.
SQUEEZE
OH, THANKS.
NOT A PROBLEM.
SAY, DOCTOR...
YOU'VE GOT AN EXCELLENT TAN.
YOU WOULDN'T HAPPEN TO PLAY GOLF, BY CHANCE...
SPARKLE
WHOOSH

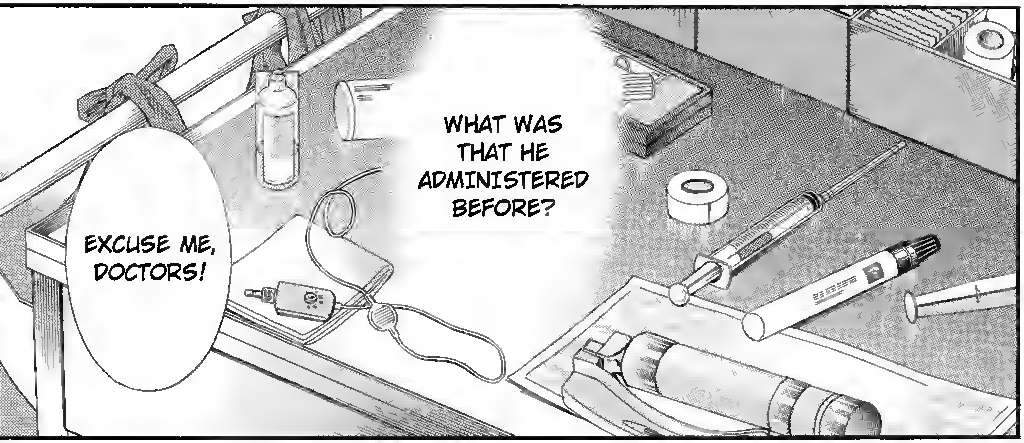
WE OUGHT TO GET A GAME IN TOGETHER SOMETIME.
HA HA HA.
I'LL MAKE THE MUSCLE RELAXANT ANTAGONIST.
IRRITATED

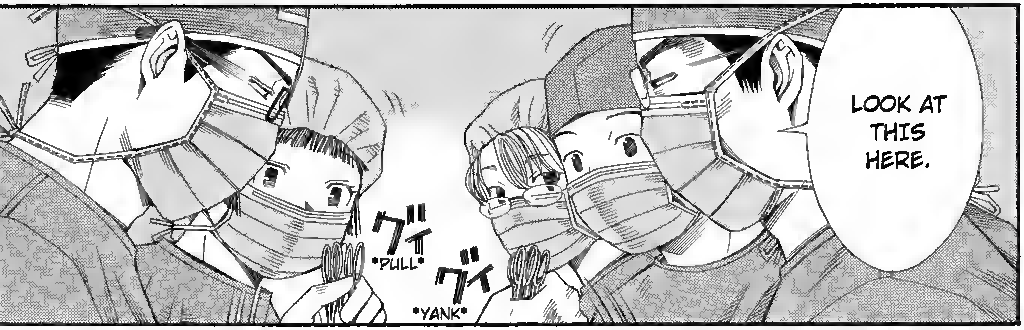
HUH?

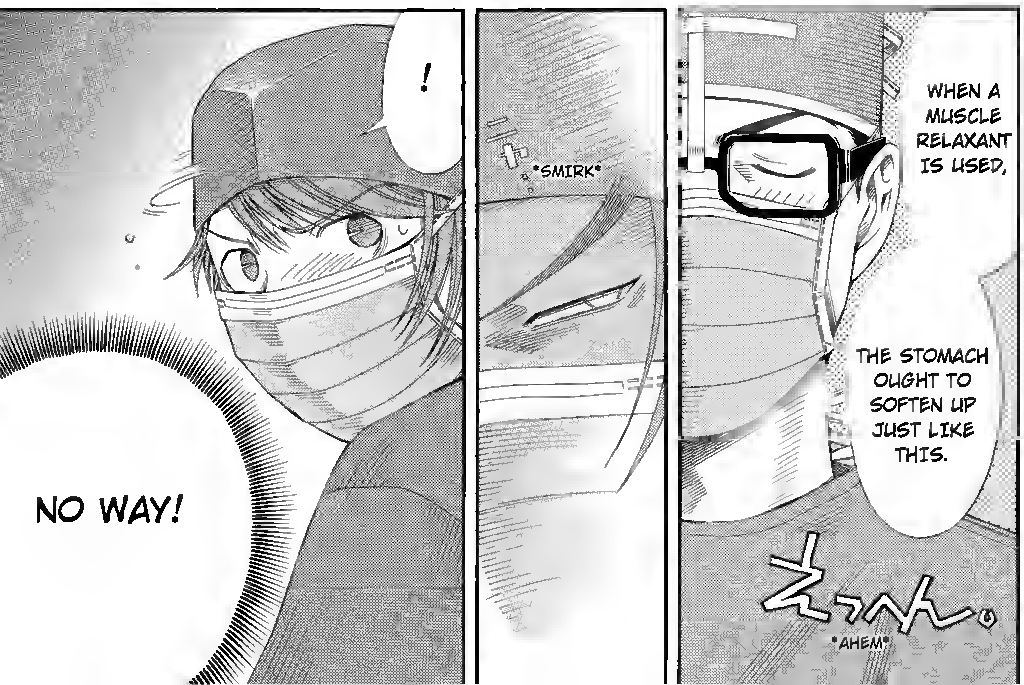

SNAP
CRACK
SNAP
SNAP
CRACK



THE MUSCLE RELAXANT AMPOULE...
IT'S NOT OPENED!

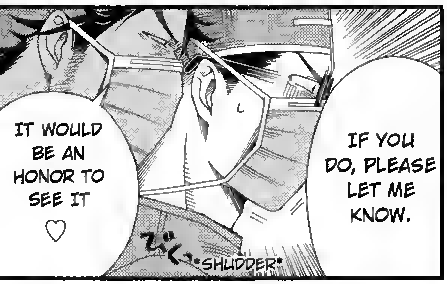

EXCUSE ME, DOCTORS!
WHAT WAS THAT HE ADMINISTERED BEFORE?


LOOK AT THIS HERE.
グイ
PULL
グイ
YANK


!
NO WAY!
SMIRK
WHEN A MUSCLE RELAXANT IS USED,
THE STOMACH OUGHT TO SOFTEN UP JUST LIKE THIS.
えっへん
AHEM

I'M SO SORRY, DOCTORS.
THERE'S NO WAY HE CAN DO THAT!
DR. HIURA!
YES, WHAT IS IT DR. HIURA?
HM? WHAT IS IT?
OR ACTUALLY, I MEAN I ONLY USED WATER.
I FORGOT TO MIX IT WITH WATER.
IT'S ABOUT THE MEDICINE I USED.
HE DID WHAT?!
THAT'S IMPOSSIBLE.
WHAT?!

GLARE
DO YOU STILL NEED IT?
OR...
BUT YOU SAID THAT THE STOMACH IS VERY SOFT, SO I GUESS YOU DON'T NEED THIS ANY MORE.
RIGHT? THERE'S NO WAY TO GET MUSCLE RELAX-ATION WITH JUST WATER.
おかしい
HM. THAT'S STRANGE


IT WOULD BE AN HONOR TO SEE IT ♡
IF YOU DO, PLEASE LET ME KNOW.
SHUDDER

YOU CAN GIVE A PRESENTA-TION.
HEH
IF IT HAS A PLACEBO EFFECT DURING GENERAL ANESTHESIA,
WE'RE GOOD.
NOPE.
TREMBLE
TREMBLE

THAT BASTARD!
GRR!
GASP
YOU CAN'T JUST TEASE THE DOCTORS LIKE THAT!

HE CAN DO HEART ANESTHESIA

AND HE IS VERY SMART.

YOU'D DO WELL TO KEEP UP WITH HIM.

I HAVE LITTLE INTEREST IN PAYING A LOT OF MONEY JUST TO WALK AROUND ON GRASS TREATED WITH AGRICULTURAL CHEMICALS.
SMIRK
IT'S SUCH A RARE OPPORTUNITY, BUT...

↑ LEFT HAND TANNED

END OF CHAPTER 11

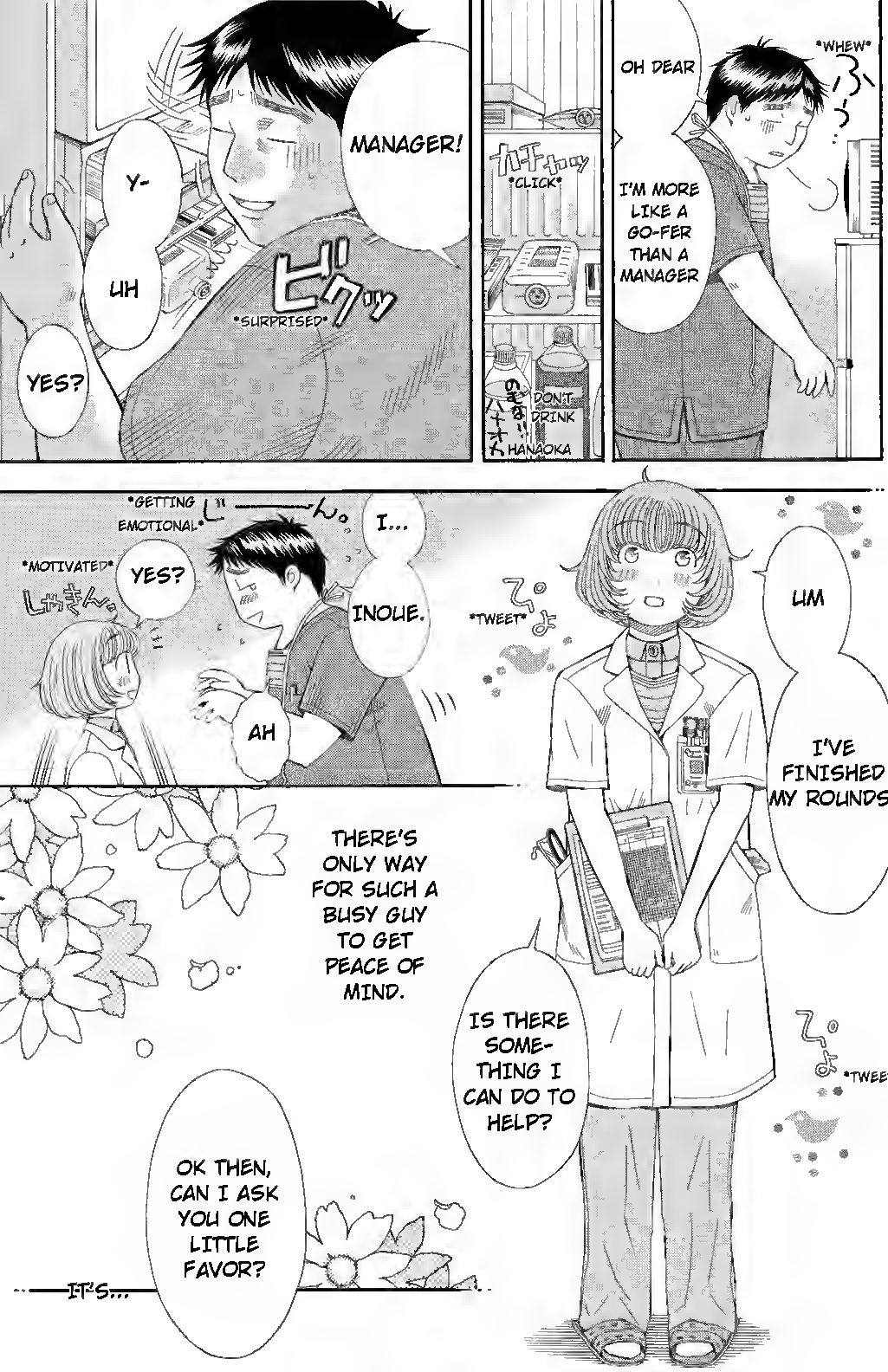
I CAN'T TAKE HAVING SUCH A MEAN BASTARD FOR AN OBEN ANYMORE!
MANAGER!
BEING A DEPARTMENT MANAGER IN ANESTHESIOLOGY IS VERY HARD

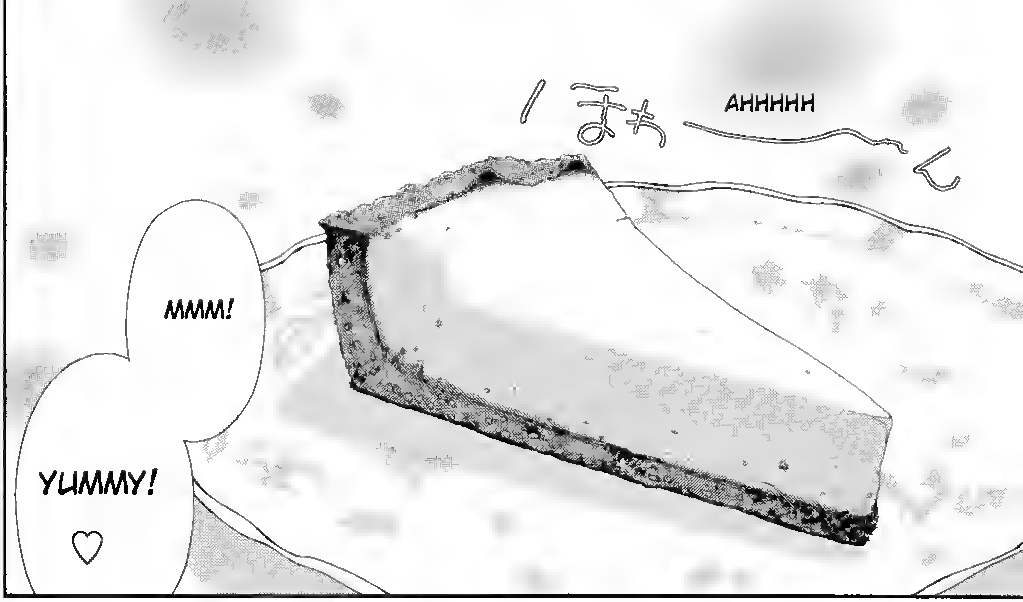
CHAPTER 12

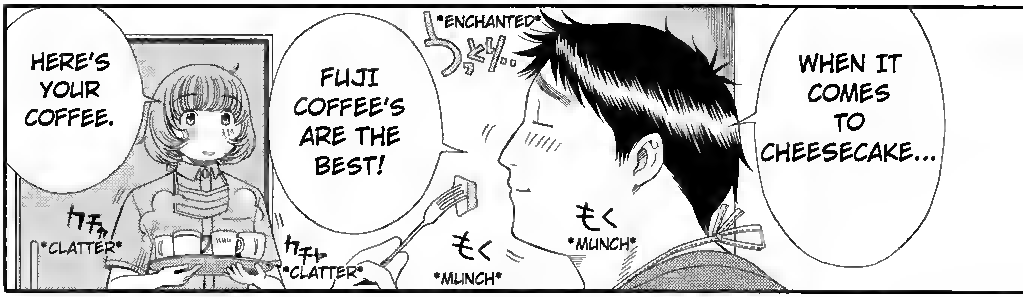
OBESITY (1)

DO YOU WANNA KNOW WHY?
HOW COME OLD WOMAN AND PEOPLE WHO HAVE KIDS COME FIRST WHEN WE DECIDE THE WORK SCHEDULE?
HEY, DOCTOR UZUKI!
THIS UNFAIR-NESS...

THEY HAVE TO LISTEN TO IT YEAR AFTER YEAR--DAY IN, DAY OUT.
YOU HAVE TO GET THE EMPLOYEES TO UNDERSTAND THE LIMITS OF OUR BUDGET,
MANAGER!
ガミ
SCOWLING
ガミ
ガミ
ペコ
YES, NURSE.
I MEAN, HEAD NURSE.
ペコ
GROVELING
ペコ
CHAPTER 12
OBESITY (1)

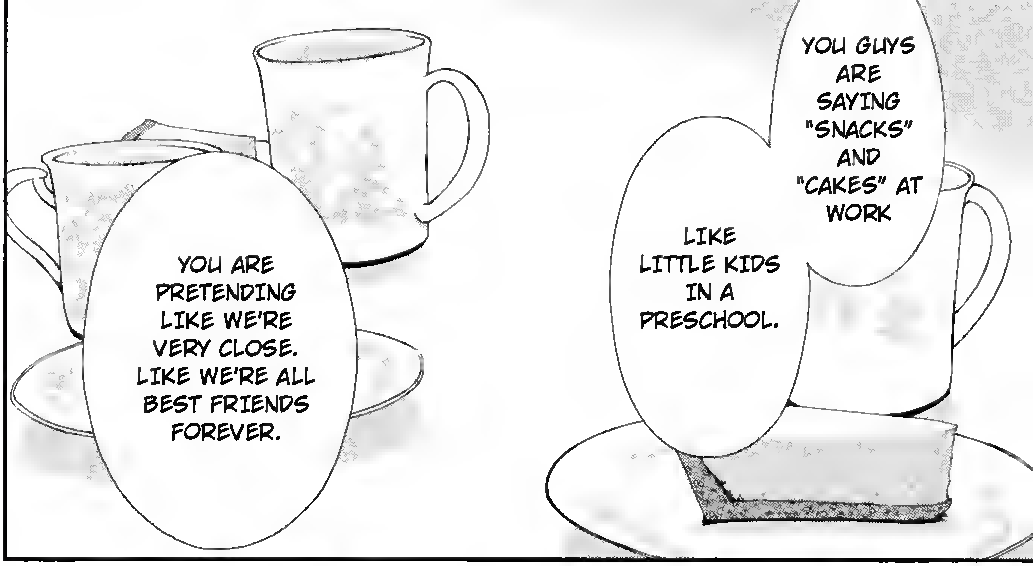

MANAGER!
Y-
UH
YES?
ビクッ
SURPRISED
カチャッ
CLICK
DON'T DRINK
HANAOKA
OH DEAR
I'M MORE LIKE A GO-FER THAN A MANAGER
WHEW
GETTING EMOTIONAL
I...
INOUE.
MOTIVATED
YES?
AH
TWEET
UM
I'VE FINISHED MY ROUNDS.
THERE'S ONLY WAY FOR SUCH A BUSY GUY TO GET PEACE OF MIND.
IS THERE SOME-THING I CAN DO TO HELP?
TWEET
OK THEN, CAN I ASK YOU ONE LITTLE FAVOR?
IT'S...

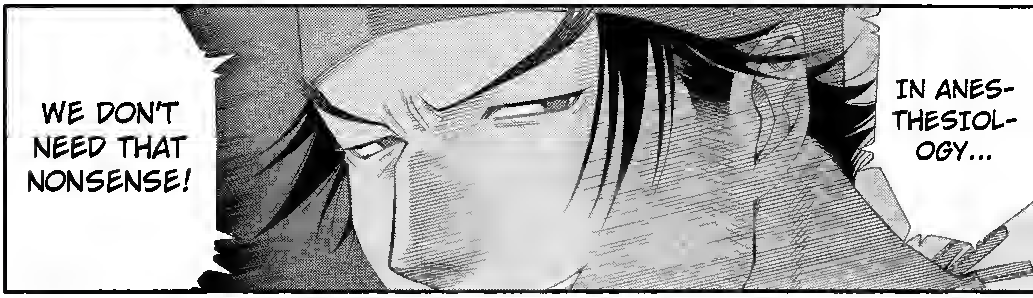

AHHHHH
MMM!
YUMMY!


HERE'S YOUR COFFEE.
CLATTER
FUJI COFFEE'S ARE THE BEST!
CLATTER
ENCHANTED
MUNCH
MUNCH
WHEN IT COMES TO CHEESECAKE...

CHATTER
CHATTER
IT'S A LITTLE LATE FOR SNACK TIME,
BUT PLEASE HAVE SOME CAKES.

YAY!
THAT'S FUJI COFFEE CHEESECAKE!
♡
カラカラ…
RATTLE RATTLE
HEY!
HANAOKA,
DR. HIURA,
PLEASE JOIN US.
ざわっ
CHATTER
GUH!
DR. HIURA...
NO.
HMPH.
NOT A CHANCE.


YOU ARE PRETENDING LIKE WE'RE VERY CLOSE. LIKE WE'RE ALL BEST FRIENDS FOREVER.
LIKE LITTLE KIDS IN A PRESCHOOL.
YOU GUYS ARE SAYING "SNACKS" AND "CAKES" AT WORK


WE DON'T NEED THAT NONSENSE!
IN ANES-THESIOL-OGY...

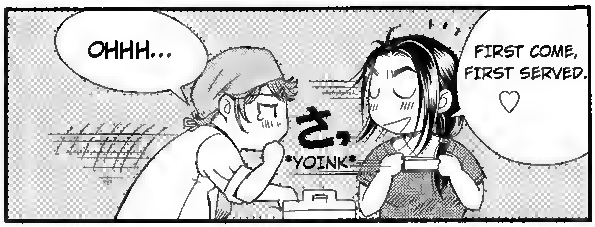
麻酔科控室
ANESTHESIOLOGISTS' BREAK ROOM
TO TELL THE TRUTH,
IT'S BEEN PUTTING ME OFF EVER SINCE I CAME IN HERE.

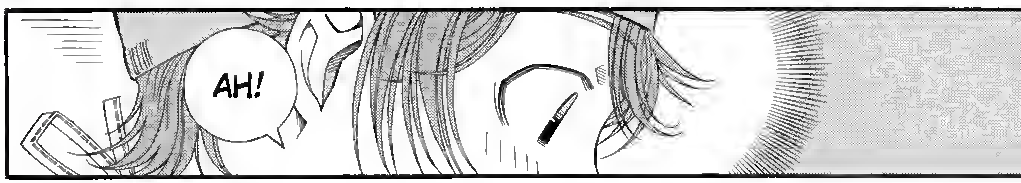
PEOPLE WHO CHOSE TO BE HERE IN THE FIRST PLACE
ARE SOCIALLY UNFIT. THEY DON'T WANT TO TALK TO PEOPLE.
IT'S PAINFUL TO SEE THOSE PEOPLE GATHERED TOGETHER.

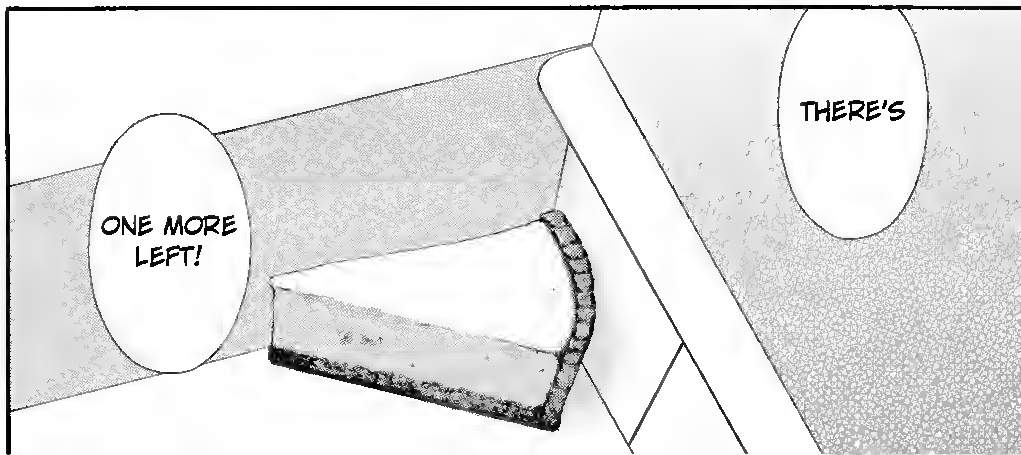
I'M TIRED OF THIS--
ALL THESE SHALLOW, FAKE FRIENDSHIPS.
I'LL HAVE NONE OF IT!
ピシャッ
SLAM
BECAUSE FOR NOW YOU HAVE PLENTY TIME FOR SUCH STUPID GAMES.
YOU SHOULD PLAY HOUSE BEFORE WE BECOME I.C.U.
OH MY GOD, I CAN'T STAND HIM.
IGNORE HIM.
HE'S SO CHILDISH.
DR. HIURA...

HIM,
HE'S PRETENDING TO BE A LONE WOLF.
HE'S SO COCKY.

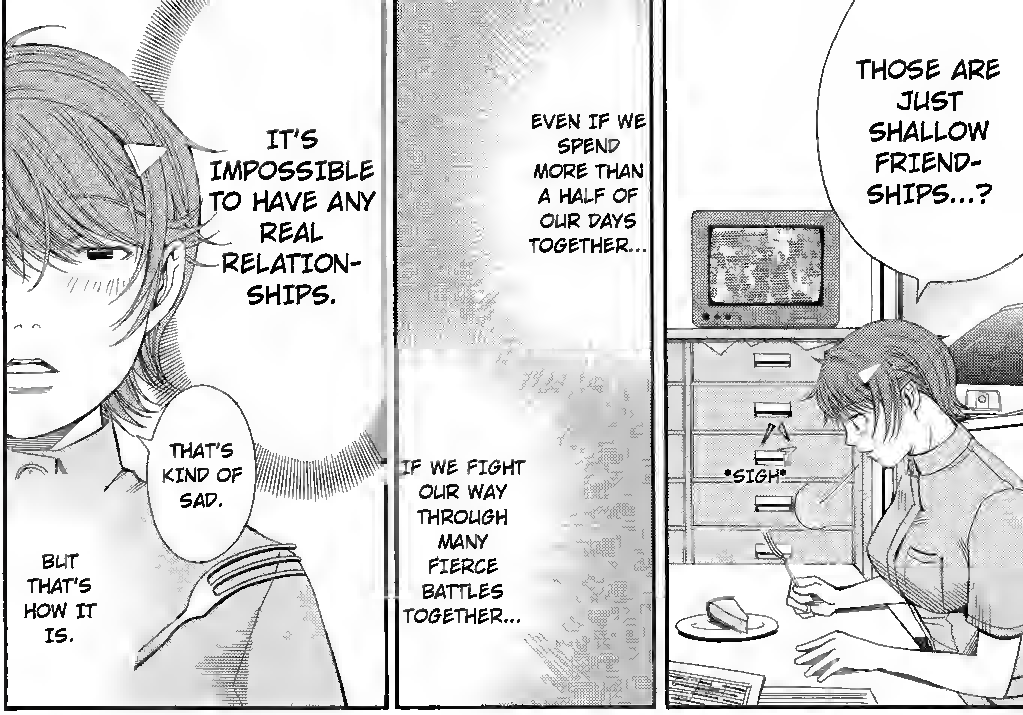
HERE WE GO!
HIS BAD ATTITUDE'S GOT ME NICE AND READY
TO EAT THIS CAKE!
NO FAIR!
カサ...
OPENING

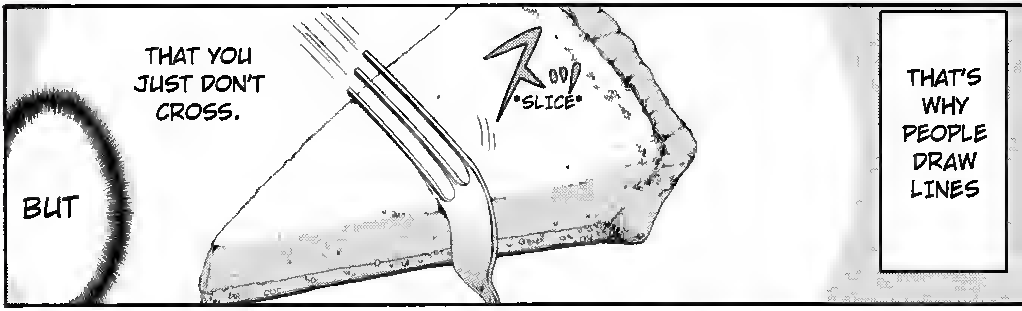

OHHH...
FIRST COME, FIRST SERVED. ♡
さ
YOINK


AH!


THERE'S
ONE MORE LEFT!

WHOSE IS IT?
CAW
CAW
IT'S FOR YOU, HANAOKA.
WHAT?
WHY?
IF I RECALL, YOU LOVE SWEETS, DON'T YOU?
DON'T YOU HAVE DUTY TONIGHT?
HAVE IT FOR LATE NIGHT SNACK.
I KNOW WHY HE'S ACTING LIKE THIS, BUT I CAN'T ASK HIM ABOUT IT.


IT'S IMPOSSIBLE TO HAVE ANY REAL RELATION-SHIPS.
THAT'S KIND OF SAD.
BUT THAT'S HOW IT IS.
EVEN IF WE SPEND MORE THAN A HALF OF OUR DAYS TOGETHER...
IF WE FIGHT OUR WAY THROUGH MANY FIERCE BATTLES TOGETHER...
THOSE ARE JUST SHALLOW FRIEND-SHIPS...?
SIGH


BUT
THAT YOU JUST DON'T CROSS.
SLICE
THAT'S WHY PEOPLE DRAW LINES

YOU ARE SUCH A SHAMEFUL WOMAN.
OH MY.
ARE YOU STILL EATING?
NO, THAT GUY IS RUBBING OFF ON ME.

IF YOU EAT THAT MUCH, YOU'LL GET FAT LIKE UZUKI.
カチン
CLICK
WHAT?!
THIS IS FOR DR. KOBAYAKAWA!
TH--
THIS--
...
THAT'S WHY HE DOESN'T COME TO THE OPERATING ROOM MORE THAN BEFORE.
YOU'RE SO MEAN TO HIM!
I HATE FAT PEOPLE.
カラ
SLIDE
EXCEPT FOR PATHOLOGIC OBESITY,
FAT PEOPLE ARE THE ENEMY OF ANESTHEOLOGISTS.
YOU'VE BEEN HERE FOR TWO YEARS ALREADY, SO I'M SURE YOU KNOW

YEAH?
DUTY?
IF I COME BACK IN 15 MINUTES, IT WON'T BE A PROBLEM, WILL IT?
ひょこー?
PEEK
SEE YA.
WAIT!
DOCTOR!
SLAM
GO HOME!
OR WOULD YOU LIKE TO GET TO KNOW ME A LITTLE BETTER?
IS HE REALLY A DOCTOR?
FAT PEOPLE ARE THE ENEMY?
GOOD LORD...
ALL RIGHT. CAN YOU TAKE PATIENTS NOW?
SLIDE
FOR MY PART, I WILL TAKE ANY PATIENT.
DOCTORS CAN'T DISCRIMINATE AGAINST CERTAIN PATIENTS.
WE SWEAR AN OATH TO...HIPPOCRATES OR AESCULAPIUS, OR WAS IT HERCULES...?
※ CORRECT ANSWER: IT'S CALLED THE HIPPOCRATIC OATH FOR A REASON.

30 YEARS OLD WOMAN, 38 WEEKS OF PREGNANCY TODAY.
A C-SECTION FOR A BECKENENDLAGE.
"TROTTING"
BUT IT COULDN'T WAIT.
I WANTED TO PUT IT IN THE REGULAR SCHEDULE FOR TOMORROW,
SORRY.
"TROTTING"
"TROTTING"

THERE ARE VARIOUS KINDS OF BREECH BABIES.
MOST OF THEM CAN BE HANDLED IN THE NORMAL WAY BUT MORE AND MORE CLINICS DO CESARIAN SECTIONS.

THE MAIN TYPES OF BREECH BABY

SOLITARY KIDNEY (BOTTOM IS DOWN)

THE ADRENAL CORTEX (SITTING CROSS-LEGGED)

DOUBLE FOOTLING PRESENTATION (STANDING)

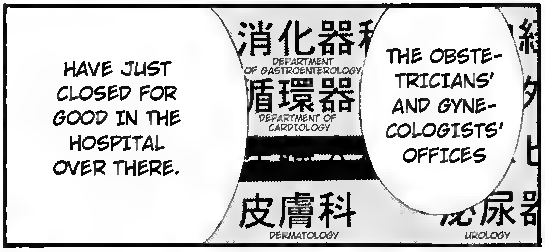
DOUBLE KNEE PRESENTATION (KNEELING DOWN)

※ IN THE TOP TWO POSITIONS, BIRTH CAN BE GIVEN NATURALLY
※ A CESARIAN SECTION IS NECESSARY IN THE BOTTOM TWO CASES

BECKENENDLAGE IS GERMAN FOR BREECH BABY. NORMALLY THE BABY'S HEAD IS DOWN BUT WITH A BREECH BABY, THE HEAD IS POINTING UPWARDS. THIS OCCURS IN 3-4% OF CHILDBIRTHS.

STARE
BY THE WAY...
I SEE YOU HERE A LOT RECENTLY, DR. NONOMURA.
ARE THE OBSTETRICIANS & GYNECOLOGISTS THAT BUSY?
I MEAN IT LOOKS LIKE YOU'RE LOSING WEIGHT TOO
PLEASE DON'T LOOK AT ME LIKE I JUST BRING BAD LUCK WHEREVER I GO.

C-SECTIONS ARE GETTING POPULAR LATELY.
YEAH.
NO DOUBT ABOUT IT. THE BABY'S LIFE IS THE MOST IMPORTANT THING.

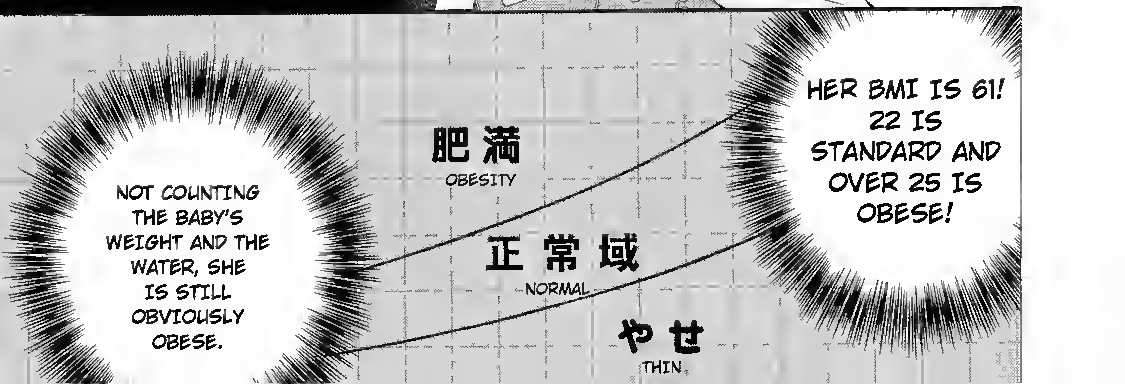

THE OBSTETRICIANS' AND GYNECOLOGISTS' OFFICES
HAVE JUST CLOSED FOR GOOD IN THE HOSPITAL OVER THERE.
消化器科
DEPARTMENT OF GASTROENTEROLOGY
循環器科
DEPARTMENT OF CARDIOLOGY
皮膚科
DERMATOLOGY
泌尿器
UROLOGY

ANYWAY, I'LL SEE YA LATER.
TAKE CARE OF HER THOUGH.
SHE'S A LITTLE ON THE CHUBBY SIDE.
SURE.

THE DECLINING BIRTH RATE IS SOMETHING THAT DOESN'T CONCERN US AT ALL.
THE OBSTETRICIANS AND GYNECOLOGISTS THAT ARE STILL OPEN HAVE BEEN VERY BUSY WITH CHILDBIRTH.

FAKE HUMILITY
IT'S KIND OF HARD ON ME, BEING SUCH A POPULAR MAN.
HUH?

145 ÷ 1.54 ÷ 1.54 =
(WEIGHT) (HEIGHT) (HEIGHT)



I THOUGHT I HAD SOME EXPERIENCE,
BUT I'VE NEVER SEEN OBESITY LIKE THIS.
EXCUSE ME!
SQUEEZE
SQUEEZE

EITHER FAT OR SKINNY, USE EPIDURAL ANESTHESIA AND LUMBAR SPINAL ANESTHESIA.
DON'T WORRY.

I CAN'T FEEL HER ILIAC CREST!
HUH?
SQUEEZE
...!
SQUEEZE
DON'T BE NERVOUS.
THIS IS WITHIN THE SCOPE OF THE ASSUMPTION.
PLEASE GIVE ME A LONG NEEDLE FOR LOCAL ANESTHESIA!
SNAP
IF THERE'S FAT COVERING EVERYTHING, I GUESS I COULD POKE AROUND WITH THE LOCAL ANESTHESIA NEEDLE TO FIND GAPS BETWEEN THE BONES.
AND I CAN'T FEEL HER SPINOUS PROCESS AT ALL!
SQUEEZE
Jacoby line
I CAN'T MEASURE THE HEIGHT OF THE LUMBAR
FROM THE JACOBY LINE.
※THE ILIUM ARE TO THE RIGHT AND LEFT OF THE BACK BONE
THE LINE CONNECTING THEM IS THE JACOBY LINE
DR. HANA!
SQUEAK

UMM, DOCTOR. THE BABY'S HEART RATE IS...
IT'S JUST ONE THING AFTER ANOTHER.
ガガ..
"RUMBLE RUMBLE"
YOU MIGHT WANT TO HURRY UP.
UMM ISN'T IT BECAUSE OF HER POSITION?
THE I.V. ISN'T DRIP-PING...
JUST WHEN I'M BUSY...
OKAY, I'LL REDO IT LATER.
NO, IT'S LEAKING.
THERE'S NO TIME FOR A SHOT IN THE BACK.
ALL RIGHT.
"SQUEAK"
BUT...
ONCE I GET IT SET UP PROPERLY
I'LL TRY THE I.V. DRIP AGAIN.
CALM DOWN!
I CAN GIVE HER AN INTRAVENOUS ANESTHETIC AND PUT HER TO SLEEP INSTANTLY.
IT'S NOT THE END OF THE WORLD.

WHAT IF I MISS...
SHIVER
ヒィ...
SST
THIS WILL STING.
NO! I HAVE TO BE STRONG!
I MISSED!
AH!
!
FAT PEOPLE ARE THE ENEMY OF ANASTHESI-OLOGISTS.
THAT GUY...
HE SAID HE'D BE RIGHT BACK.
22 GAUGE INDWELLING NEEDLE, PLEASE.

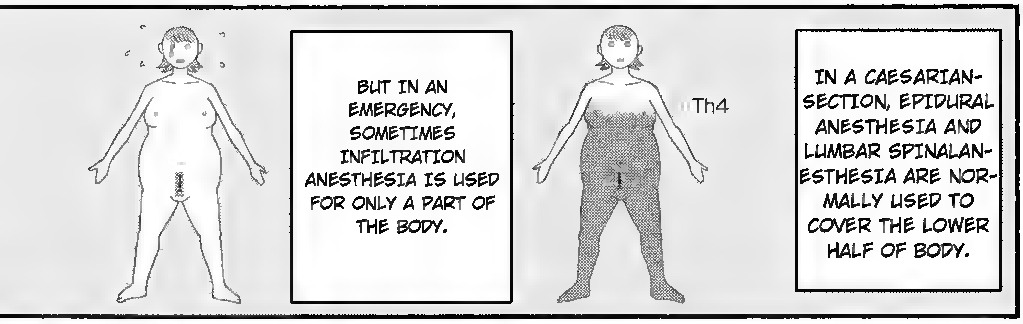
22 GAUGE, PLEASE!
IF WE DON'T START THE OPERATION NOW, THE BABY WILL...
THERE'S NO TIME!
WHY ISN'T HE BACK YET?!
IF I CAN'T DO THIS...
PLEASE HURRY.
IF...
IF I CAN'T ADMINISTER THE ANESTHESIA,
WE CAN'T BEGIN SURGERY!
END OF CHAPTER 12

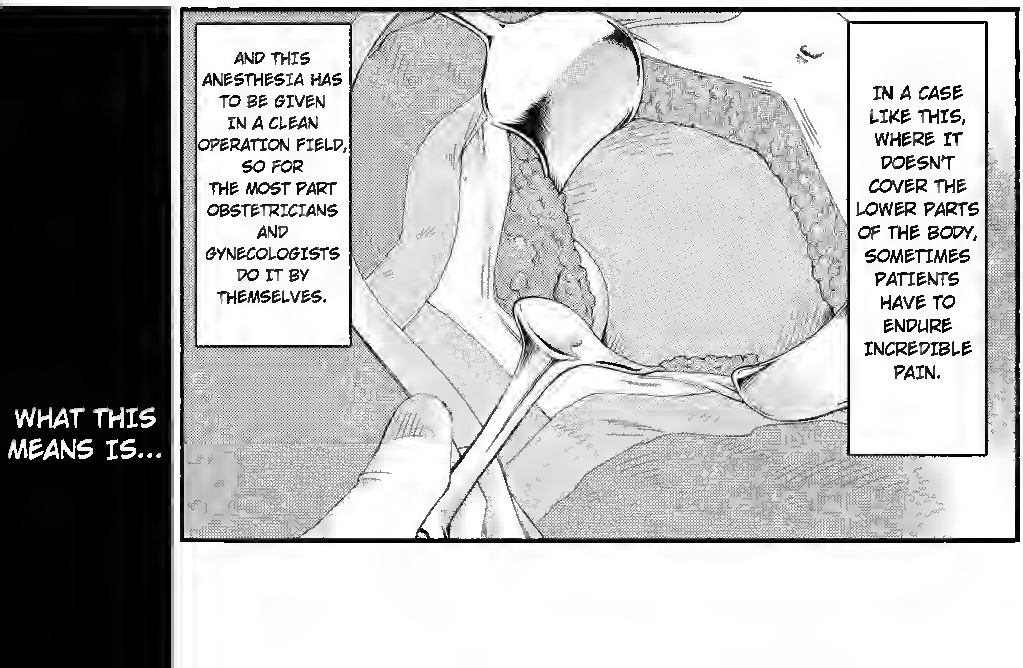
CHAPTER 13

OBESITY (2)

CHAPTER 13
OBESITY (2)
DON'T WORRY.
MRS. HENMI,
WE'RE GOING TO ADMINISTER ANESTHESIA TO YOUR BELLY, THEN DELIVER THE BABY.
HANG IN THERE.
•SMILE•
OKAY,
DR. NEGORO.

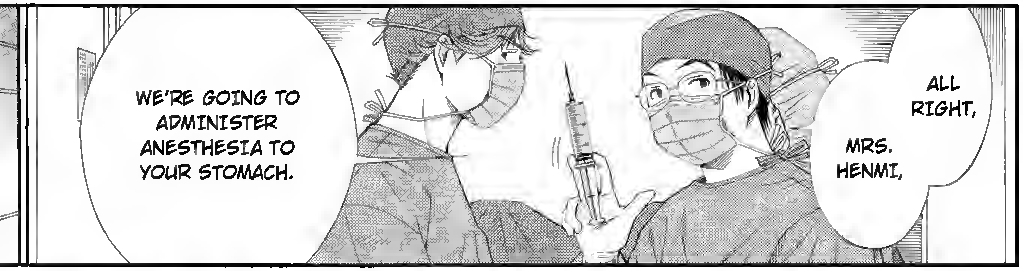
THEY'RE GOING TO INCISE THE STOMACH WITH ONLY LOCAL ANESTHESIA TO THE ABDOMINAL WALL.
WHA--
THE DOCTORS...

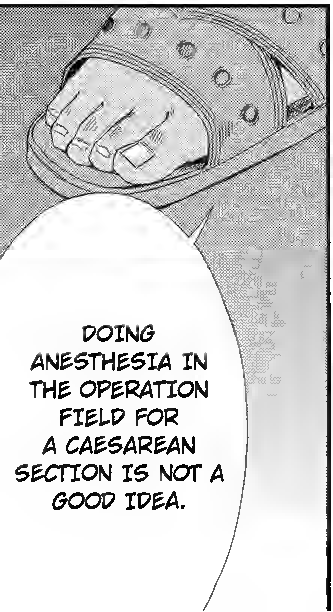

BUT IN AN EMERGENCY, SOMETIMES INFILTRATION ANESTHESIA IS USED FOR ONLY A PART OF THE BODY.
Th4
IN A CAESARIAN-SECTION, EPIDURAL ANESTHESIA AND LUMBAR SPINALANESTHESIA ARE NORMALLY USED TO COVER THE LOWER HALF OF BODY.

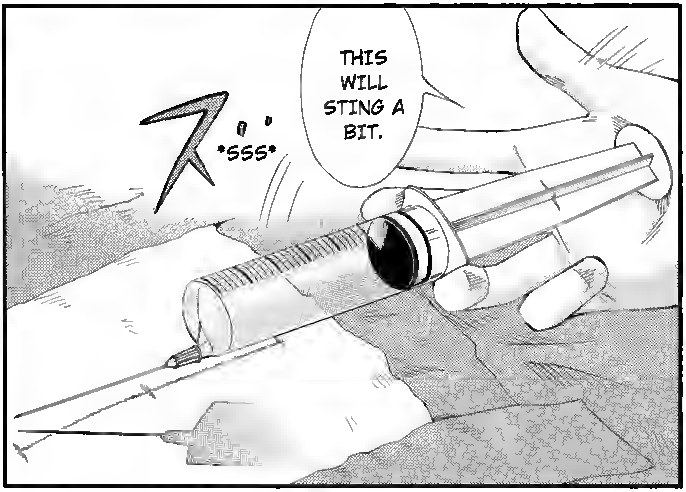

WHAT THIS MEANS IS...
AND THIS ANESTHESIA HAS TO BE GIVEN IN A CLEAN OPERATION FIELD, SO FOR THE MOST PART OBSTETRICIANS AND GYNECOLOGISTS DO IT BY THEMSELVES.
IN A CASE LIKE THIS, WHERE IT DOESN'T COVER THE LOWER PARTS OF THE BODY, SOMETIMES PATIENTS HAVE TO ENDURE INCREDIBLE PAIN.

FAR FROM NECESSARY.
ANESTHESIOLOGISTS ARE OUTSIDERS.
BECAUSE I'M NOT GOOD ENOUGH,
IN EXCHANGE FOR THE BABY'S LIFE...
OK, LET'S WASH OUR HANDS QUICKLY!
POSITION CHANGE!
GOT IT!

THE PATIENT WILL SUFFER WITH PAIN...
AND I'LL JUST HAVE TO WATCH.
FLUFF


ALL RIGHT, MRS. HENMI,
WE'RE GOING TO ADMINISTER ANESTHESIA TO YOUR STOMACH.


DOING ANESTHESIA IN THE OPERATION FIELD FOR A CAESAREAN SECTION IS NOT A GOOD IDEA.

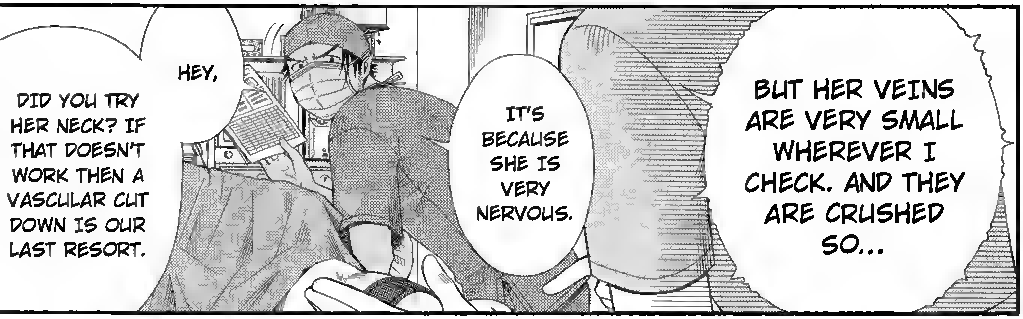

THIS WILL STING A BIT.
SSS

DIDN'T THE LUMBAR ANESTHESIA WORK?
HANAOKA.

UH...

AND DUE TO HER OBESITY I DON'T THINK THE NEEDLE CAN EVEN REACH THE SUBARACHNOID SPACE AROUND THE SPINAL CORD.
WELL, UMM...
I DIDN'T TRY LUMBAR ANESTHESIA.

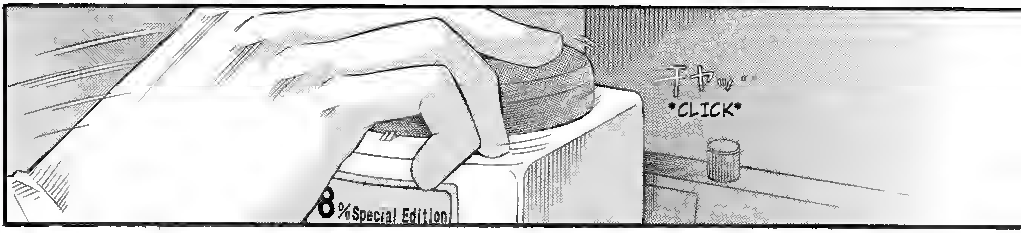
IF WE DO EPIDURAL, WE HAVE LONG NEEDLES, DON'T WE? DID YOU TRY LUMBAR GUIDED BY ULTRASOUND?
NO,
WE HAD SUSPICION OF FETAL DISTRESS
IN THE MIDDLE OF THE PROCEDURE. WHEN I TRIED RAPID SEQUENCE INDUCTION, THE IV LEAKED.
THEN YOU SHOULD TRY AGAIN IMMEDIATELY.


BUT HER VEINS ARE VERY SMALL WHEREVER I CHECK. AND THEY ARE CRUSHED SO...
IT'S BECAUSE SHE IS VERY NERVOUS.
HEY,
DID YOU TRY HER NECK? IF THAT DOESN'T WORK THEN A VASCULAR CUT DOWN IS OUR LAST RESORT.

A VASCULAR CUT DOWN?!
CUT HER ARMS TO GET AT HER VEINS...
LISTEN, HANAOKA.
THERE ARE NO VEINS THAT AN ANESTHESIOLOGIST CAN'T GET TO.

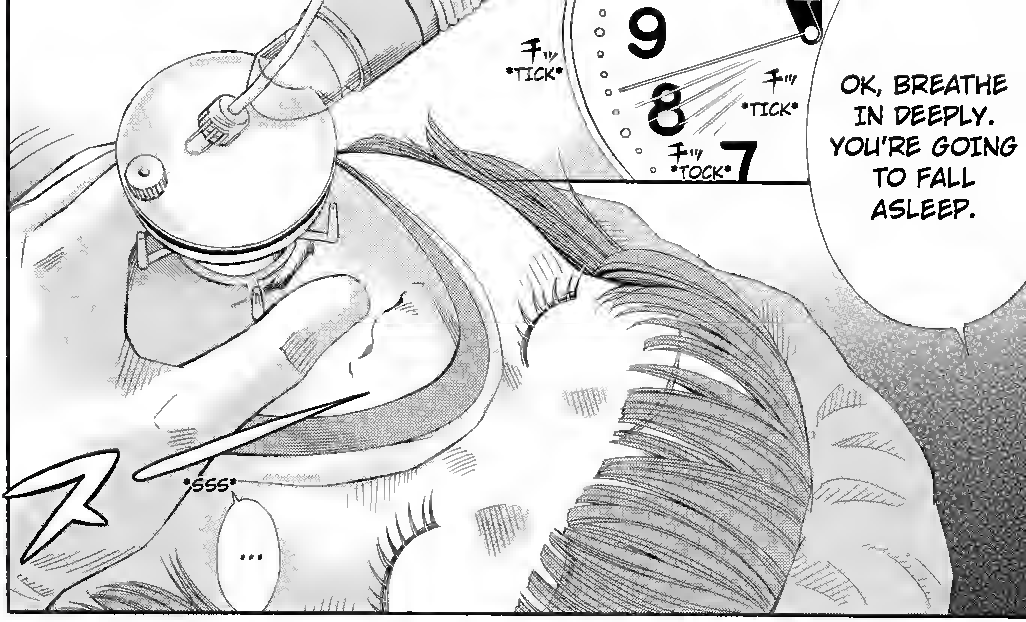
WE CAN'T AFFORD FOR THERE TO BE ANY!

*RSB: THIS IS A TECHNIQUE WHICH INVOLVES INJECTING LOCAL ANASTHETIC IN THE ABDOMINAL WALL.



WHAT ARE YOU DOING, DR. HIURA?
DOCTORS,
きゅ *SQUEEZE*
I NEED 30 SECONDS, STARTING NOW.

MRS. HENMI, I'M GOING TO GIVE YOU GENERAL ANESTHESIA NOW.
HI I'M DR. HIURA, HOW YA DOIN'.
BREATHE IN... OKAY, THEN STOP.
NOW BREATHE OUT SLOWLY...OXYGEN AND AN ANESTHETIC GAS ARE COMING OUT OF THE MASK. IT WILL MAKE YOU SLEEPY.



※VIMA: VOLATILE INDUCTION AND MAINTENANCE OF ANESTHESIA

I CAN'T BELIEVE HE GOT A PREGNANT WOMAN TO SLEEP SO QUICKLY UNDER VIMA!
EVEN IF SHE FASTED PRE-OP LIKE SHE WAS SUPPOSED TO, WE HAVE TO PROCEED AS IF SHE HAS A FULL STOMACH. THE RISK OF ASPIRATION IS TOO HIGH
BUT...
DOCTORS, NOW YOU MAY BEGIN!
OKAY!
PLEASE!

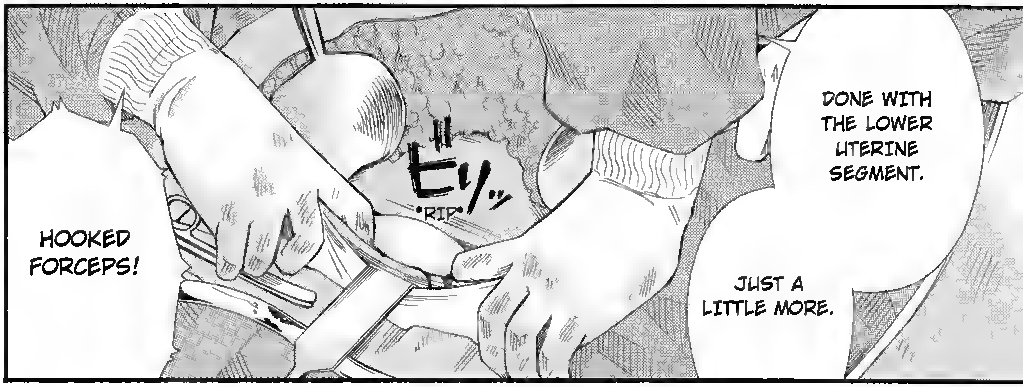
ONCE HE JOINED,
THE INITIATIVE CHANGED FROM OBSTETRICS AND GYNECOLOGY TO ANESTHESIOLOGY.
SOME PEOPLE HAVE COMPARED ANESTHESIOLOGISTS TO CONDUCTORS.
UN, DOLIX.
TROI
PERHAPS THIS IS WHY.
HANAOKA!
DON'T SPACE OUT! GET A LINE!
OKAY,
BUT...
WHAT-EVER! MAKE LIKE NIKE AND
JUST DO IT!
HONESTLY, I DON'T WANT TO.
JUST COME HERE
AND HOLD THIS MASK A WHILE.
OKAY...
BUT I COULDN'T DO HER I.V. DRIP...
!

I CAN FEEL VEINS.
THE MAIL VEIN EXPANDED BECAUSE OF VOLATILE ANESTHETIC.

HER BELLY FAT IS IN THE WAY.
HMPH... THE EXTRA LARGE SADDLE HOOK ISN'T ENOUGH.
HOLD IT TIGHT, NONOMURA!
ROGER!

DAMN IT!

HURRY UP, HANAOKA!
18 GAUGE!
GOT IT!

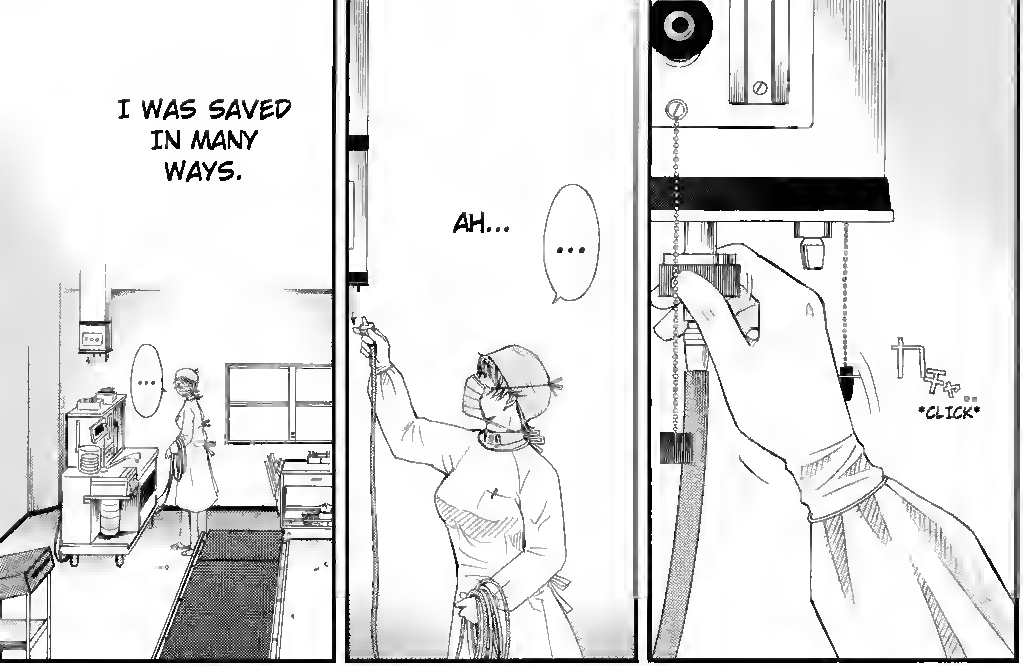

DONE WITH THE LOWER UTERINE SEGMENT.
JUST A LITTLE MORE.
ヒリッ
RIP
HOOKED FORCEPS!

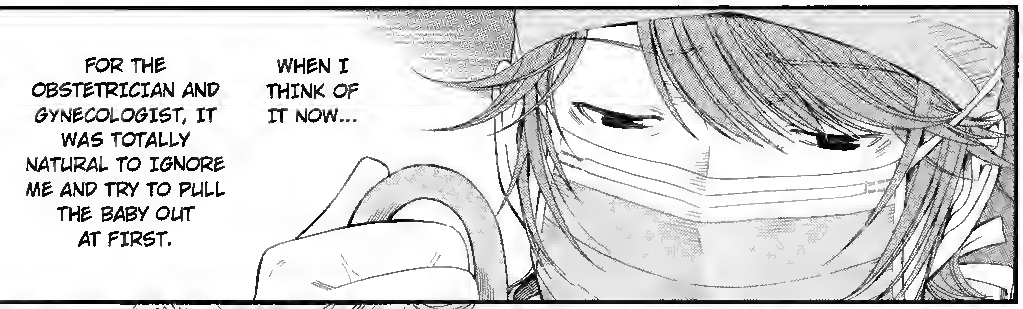
CHANGE!
OKAY,
HANAOKA!
I GOT A LINE, NURSE!
OK, I'LL CONNECT IT.
SQUEEZE
OKAY!
NOW,
SYNCHRONIZE SPONTANEOUS RESPIRATION.
AND ASSIST HER BREATHING.
I CAN'T-- I CAN'T DO IT!
UNGH.
AH.
IF YOU PUSH THE BAG TOO HARD, SHE WILL SWALLOW DOWN AND THAT'S THE END OF THE LINE.
AND HER HEAD IS SO HEAVY!
BREATHE
I CAN'T HOLD THE BAG RIGHT! HER FACE IS HUGE!
I NEED MORE STRENGTH TO ASSIST HER BREATHING BECAUSE OF THE FAT ON HER CHEST.
SQUEEZE

HANG IN THERE.
JUST A LITTLE MORE.
GRAB
OKAY.
I'LL INTUBATE.
SLIDE
HOLD THE LOWER SIDE OF THE LAPARO-SCOPE, LIGHTLY.
OKAY.
STOPS
DO IT WHEN THE FASCICULAR CONTRACTION ENDS.
TWITCH
TWITCH
OKAY, NOW!
PROPOFOL 200MG.
LET ME SEE HER FEET.
SUXAMETHO-NIUM 200MG INTRAVENOUS INJECTION.

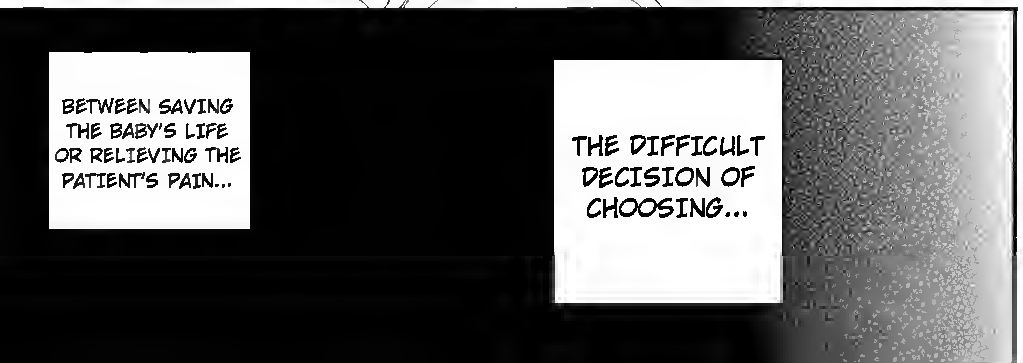
NONOMURA, PUSH HER STOMACH!
SPLASH
IT'S IN!
OKAY!
SUCTION!
SLIIIP
PUSH!

KEEP GOING!
OKAY!
GOOD!
SLIP
...
WAHH
WAHH
WAHH
WAHH
WAHH
AH!
OH!


I WAS SAVED IN MANY WAYS.
...
AH...
...
CLICK


FOR THE OBSTETRICIAN AND GYNECOLOGIST, IT WAS TOTALLY NATURAL TO IGNORE ME AND TRY TO PULL THE BABY OUT AT FIRST.
WHEN I THINK OF IT NOW...

THERE'S NO DOUBT THAT THE BABY'S LIFE IS THE MOST IMPORTANT.


BETWEEN SAVING THE BABY'S LIFE OR RELIEVING THE PATIENT'S PAIN...
THE DIFFICULT DECISION OF CHOOSING...

I WAS TRYING TO QUIT AND HAND EVERYTHING OVER TO THE OBSTETRICIAN AND GYNECOLOGIST.
USING BEING UNEXPERIENCED AS AN EXCUSE...

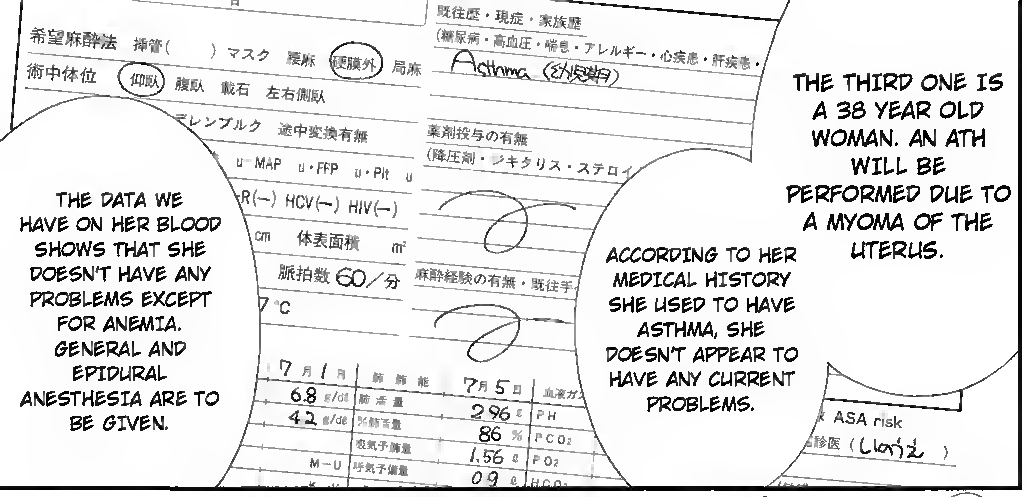
I'M NOT GOOD ENOUGH.
I--
I WANT TO GET BETTER.
BUT I ALMOST MADE THE DOCTORS CUT HER STOMACH WITHOUT ENOUGH ANESTHESIA BECAUSE I WAS AFRAID TO DO THAT.
AT THAT TIME, I REALLY SHOULD HAVE GIVEN AN I.V. DRIP EVEN IF I WOULD'VE HAD TO CUT HER ARM.

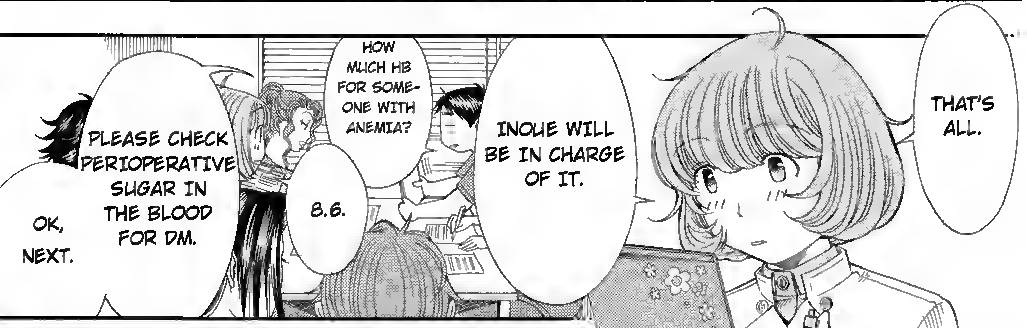
U--
UZUKI?
卯月
UZUKI
IT CAN'T BE!
東京都新宿
医科大
IS THIS AN EMPLOYEE'S ID CARD?
HUH?
WHO IS THIS SKINNY YOUNG MAN?
WHAT DO YOU SAY, HANAOKA?! DID YOU LEARN A LESSON ABOUT FAT PEOPLE?
SMACK

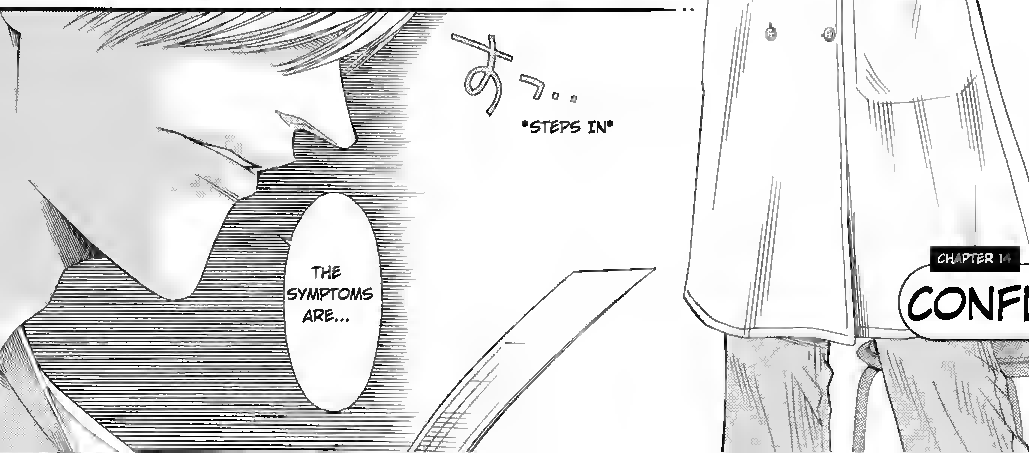
AND IN ONLY FOUR YEARS, LOOK AT HIM.
AND ATE
KEPT EATING,
HE ATE,
NO WAY!
MY M-MANAGER?!

THAT'S RIDICULOUS!
CHUCKLE
A PIG WHO CAN'T EVEN TAKE CARE OF HIMSELF TRYING TO MANAGE ANESTHSTA

YOU'LL NEVER IMPROVE.
YOU'LL ALWAYS BE LIKE YOU ARE NOW.
AND IF YOU STAY IN THIS EASY ENVIRON-MENT
OF SUCH A GUY BEING A MANAGER,
IF YOU WANT TO BE A BETTER ANESTHESIOLOGIST,
FOLLOW ME.
END OF CHAPTER 13


希望麻酔法 挿管( ) マスク 腰麻 硬膜外 局麻
術中体位 仰臥 腹臥 載石 左右側臥
既往歴・現症・家族歴
Asthma (2ヶ月前)
薬剤投与の有無
麻酔経験の有無・既往手
ASA risk
THE DATA WE HAVE ON HER BLOOD SHOWS THAT SHE DOESN'T HAVE ANY PROBLEMS EXCEPT FOR ANEMIA. GENERAL AND EPIDURAL ANESTHESIA ARE TO BE GIVEN.
ACCORDING TO HER MEDICAL HISTORY SHE USED TO HAVE ASTHMA, SHE DOESN'T APPEAR TO HAVE ANY CURRENT PROBLEMS.
THE THIRD ONE IS A 38 YEAR OLD WOMAN. AN ATH WILL BE PERFORMED DUE TO A MYOMA OF THE UTERUS.


PLEASE CHECK PERIOPERATIVE SUGAR IN THE BLOOD FOR DM.
OK, NEXT.
HOW MUCH HB FOR SOMEONE WITH ANEMIA?
8.6.
INOUE WILL BE IN CHARGE OF IT.
THAT'S ALL.



CHAPTER 14

CONFLICT

CHAPTER 14

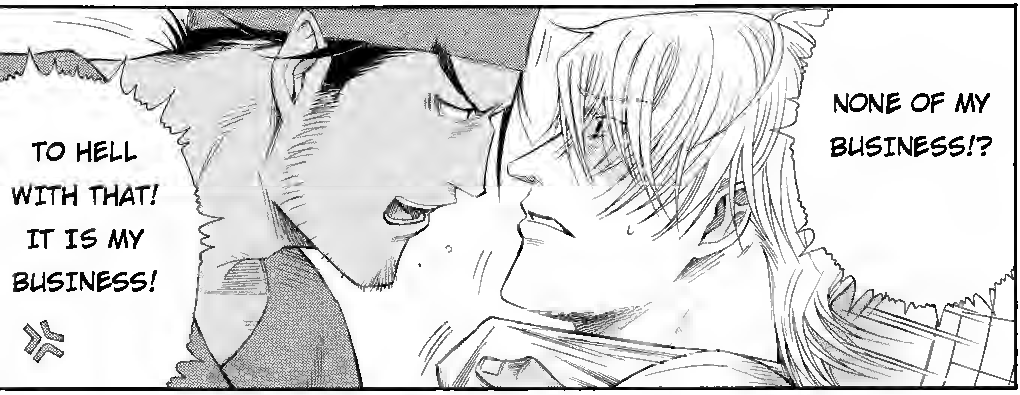
CONFLICT

58 YEAR OLD MALE. A CURATIVE OPERATION IS TO BE PERFORMED DUE TO INGUINAL HERNIA.
THERE'S NO PROBLEM.
LUMBAR ANESTHESIA WILL BE GIVEN. THAT'S ALL.
INGUINAL HERNIA
RADICAL OPERATION

NOW YOU CAN GO.
I'LL LEAVE THIS TO DR. UZUKI AND KOBAYAKAWA WHO ARE IN CHARGE OF THIS TODAY.
CLATTER
ALL RIGHT.
♡
YEAH! LET'S GO HOME!
CHATTER
I'LL SEE YOU THERE.
WE FINISHED EARLY TODAY.
YOU MUST BE SO TIRED.
CHATTER
I'M DONE! FINALLY!
YOU ARE A KING OF A MAN, DR. KOBAYAKAWA.
BUT LOOK AT YOU. YOU THE GUY WHO TOOK CARE OF ANESTHESIOLOGY TRAINING...
...YOU ONLY DO ONE INGUINAL HERNIA PATIENT
CHATTER
CHATTER
...
A GIRL WHO JUST STARTED WORKING HERE DOES THREE PATIENTS A DAY.
TMP

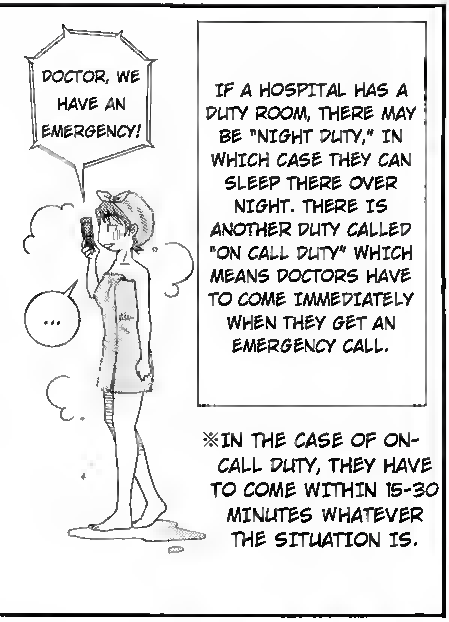
!
THAT'S NONE OF YOUR BUSINESS.
NONE
OF MY
BUSI-NESS?
LISTEN UP,
GRAB
THAT SO, YOU LITTLE SHIT!?
BECAUSE YOU DON'T WORK HARD ENOUGH,
OTHER PEOPLE HAVE TO PICK UP THE SLACK.

10
INOUE
HIURA
17
HIURA
HANAOKA
21
23
26
SLAM
HIURA
I HAVE DUTY 10 DAYS THIS MONTH COMBINED WITH SUMMER VACATION.


NONE OF MY BUSINESS!?
TO HELL WITH THAT! IT IS MY BUSINESS!

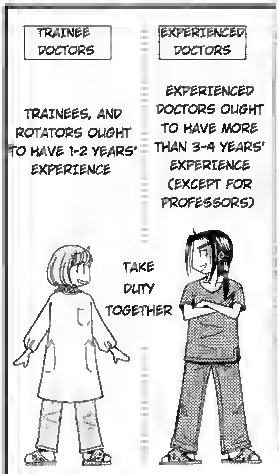
...
YOU ARE TERRIBLE IN EVERY IMAGINABLE WAY!
IF WE'VE GOT A GUY LIKE YOU,
THE ENTIRE OFFICE LOSES MORALE.

DAMN IT!
COUGH
WHY CAN'T HE JUST BACK OFF?
DR. KOBAYA-KAWA,
ARE YOU OKAY?
YEAH.
I DIDN'T KNOW YOU WERE THERE.
I DON'T GET HIM AT ALL.
HE IS THE ONE WHO MESSES UP THIS OFFICE.
SIGH
HE'S OFFENSIVE.
AND SO IS EVERYTHING HE SAYS.
HE'S JUST A LITTLE CLUMSY, THAT'S ALL.
AND I UNDERSTAND WHY HE IS MAD.
COME ON, THIS IS DR. HIURA WE'RE TALKING ABOUT.
10 DAYS A MONTH.. HA HA.
HE CAN DO A HALF MONTH.
HE SEEMS TOUGH.
I DON'T KNOW MUCH ABOUT THE DUTY THOUGH.



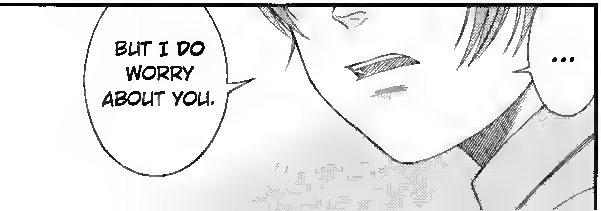
IF A HOSPITAL HAS A DUTY ROOM, THERE MAY BE "NIGHT DUTY," IN WHICH CASE THEY CAN SLEEP THERE OVER NIGHT. THERE IS ANOTHER DUTY CALLED "ON CALL DUTY" WHICH MEANS DOCTORS HAVE TO COME IMMEDIATELY WHEN THEY GET AN EMERGENCY CALL.

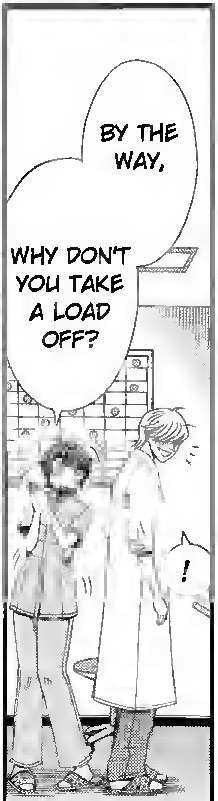
※IN THE CASE OF ON-CALL DUTY, THEY HAVE TO COME WITHIN 15-30 MINUTES WHATEVER THE SITUATION IS.


TRAINEE DOCTORS
EXPERIENCED DOCTORS
TRAINEES, AND ROTATORS OUGHT TO HAVE 1-2 YEARS' EXPERIENCE
EXPERIENCED DOCTORS OUGHT TO HAVE MORE THAN 3-4 YEARS' EXPERIENCE (EXCEPT FOR PROFESSORS)
TAKE DUTY TOGETHER

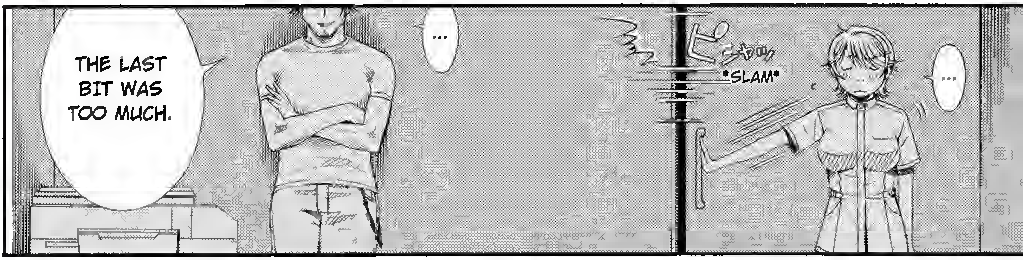
IN THE HOSPITAL, USUALLY A TRAINEE WORKS WITH AN EXPERIENCED DOCTOR WHO CAN TAKE CARE OF ANESTHESIA BY THEMSELF.

※ EXPERIENCED DUTY DOCTORS ARE RESPONSIBILE FOR TRAINEE DOCTORS. THE NUMBER OF DOCTORS DEPENDS ON HOW BIG HOSPITAL IS, BUT IF THEY DON'T HAVE ENOUGH DOCTORS, EXPERIENCED DUTY DOCTORS TAKE CARE OF EVERYTHING.





HANAOKA,
HIURA'S NOT THE ONLY CLUMSY ONE AROUND HERE.
IF YOU SAY YOU'RE OKAY WITH A SMILE LIKE THIS,
NO ONE IS GOING TO BELIEVE YOU!
IF YOU'RE OKAY, THEN SHOW ME A REAL SMILE!
SLIDE
I'M GOING TO GO HAVE A GOOD TIME WITHOUT YOU. EXCUSE ME!


...
SLAM
...
THE LAST BIT WAS TOO MUCH.

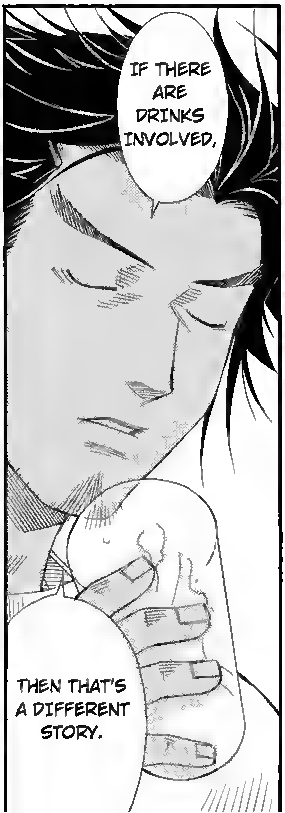
Cocktail Bar
クラヒクラ
YOU WERE SO CLOSE!
STRANGE LAUGH
...
SURPRISED

HANA! YOU'RE LATE!
WHAT TOOK YOU SO LONG?
WELL,
ASANOME,
I...
Nuclear Sarmonic
SHE IS HEARTBROKEN OVER HER PRECIOUS DR. KOBAYAKAWA.
THAT'S WHY I CAME ALONG INSTEAD.
I'M SORRY,
I COULDN'T LOSE HIM.
GAH

BEER.
PEPPER-ONCINI.
ONE MARTINI AND
A MAR-GHARITA, PLEASE!

I WANTED TO DRINK WITH JUST THE 2 OF US,
BUT OH WELL, WHATEVER.
TNK
CHEERS!
HMPH.
IT'S NOT EVEN ON TAP.

I HEARD FROM MY COWORKER IN THE MAIN HOSPITAL THAT
YOU WERE IN COSTA RICA BEFORE YOU CAME HERE.


IF THERE ARE DRINKS INVOLVED,
THEN THAT'S A DIFFERENT STORY.

OH, DIDN'T YOU SAY THAT
DR. LONE WOLF?
YOU HATE DOING THINGS TOGETHER LIKE THIS,

YOU WERE BROUGHT BACK FROM STUDYING ABROAD AND SENT TO THIS PLACE.
I CAN TELL HOW DISAPPOINTED YOU ARE.
I WASN'T STUDYING ABROAD.
SHOWS HOW MUCH YOU KNOW
I CHOSE TO COME HERE MYSELF.
IF YOU HAVE TIME TO LISTEN TO STUPID RUMORS,
YOU BE BETTER OFF STUDYING THE JBIPOT.
OH, THAT'S A GREAT IDEA! EXCEPT--
I ALREADY HAVE ONE!
SO SPEND YOUR TIME READING PARRY HOTTER!
I'M GOING TO THE LADY'S ROOM.
OK THEN,
IS THIS RUMOUR,
HE HE HE
JUST A RUMOUR?

DR.HIURA FROM ANESTHESI-OLOGY
IS AN ALCOHOLIC.
EVERY TIME HE DRINKS, HE HOOKS UP WITH LADIES FROM THE OFFICE.
YOU CAN'T COUNT HOW MANY GIRLS HE HAS MADE CRY. AND HE ALSO HAS 3 GIRLFRIENDS.

DON'T LOOK FOR YOUR NEXT TARGET HERE.
TOILET
LAUGH
I'LL PUT YOU IN A WORLD OF PAIN THAT NO ANESTHESIA CAN SAVE YOU FROM IF YOU DO ANYTHING TO HER.

HMPH
NO WAY. SHE IS JUST A KID.
ANYWAY, YOUR COWORKER APPARENTLY HAS NOTHING TO DO.
SHE DOESN'T DO HER ROUNDS. SHE JUST TALKS ABOUT OTHERS IN THE WAITING ROOM ALL DAY LONG.

BUT!
YOU NEVER KNOW THAT COWORKER ISN'T TALKING ABOUT YOU.
AND YOU ARE JUST HAVING SO MUCH FUN LISTENING TO HER AND LAUGHING ABOUT THE OTHERS. YOU ARE SUCH AN IDIOT.
WHAT?!
THERE'S A VERY WELL-KNOWN STORY OVER IN THE MAIN HOSPITAL.
ARE YOU STILL SEEING...
EH,
M-MY
AI-CHAN?
♡
DON'T TOUCH ME!

WHERE'S ASANOME?
SHE WENT HOME.
...
HUH?
WIPE
WIPE
DR. HIURA, YOU SAID SOMETHING TERRIBLE TO HER, DIDN'T YOU?
TURNS AWAY
IT'S NOT MY FAULT.
JUST GIVE ME A BREAK FOR ONCE!
IT'S HERS.

YOU ARE GOING TO ALIENATE YOURSELF IN THE OFFICE, IF YOU KEEP THIS UP.
HAH.
THAT'S JUST WHAT I WANT.
I HATE DEALING WITH PEOPLE.
I ONLY NEED ONE PERSON ON MY SIDE.
IN CASE YOU DIDN'T NOTICE, I'M NOT ON YOUR SIDE.
QUICKLY
LAME.

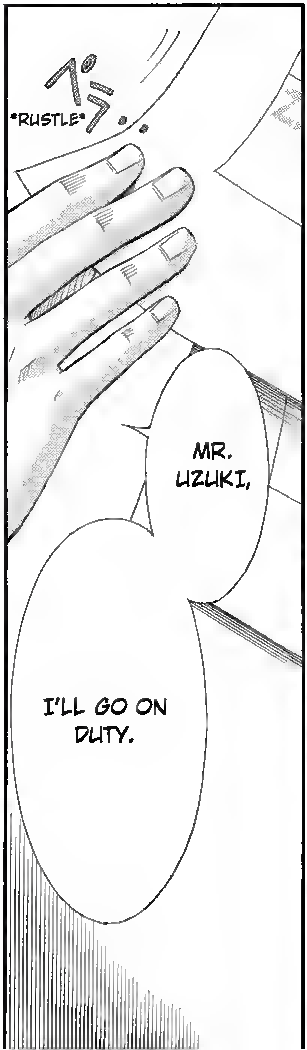
DR. KOBAYAKAWA SAID YOU ARE AN AMAZING ANASTHESI-OLOGIST.
I GET THE FEELING
I UNDERSTAND.
BUT,
I'LL FOLLOW YOU.

AN AMAZING DOCTOR?
HE HE HE
I'M WHAT?
WHAT DO YOU MEAN BY THAT?

HANAOKA,
I DON'T KNOW WHY YOU THINK THAT ABOUT ME BUT...
IS IT A PERSON WHO HAS TONS OF ANESTHESIA KNOWLEDGE?
IS IT A TECHNICIAN WITH THE DEXTERITY TO PHYSICALLY GET THINGS DONE?
IS IT AN ACADEMIC WHO WRITES A LOT OF REPORTS.
IS IT A VERY NICE PERSON EVERYBODY LOVES?
...

A REAL GREAT ANESTHESI-OLOGIST
IS SOMEONE WHO TAKES CARE OF DANGEROUS SITUATIONS BEFORE THEY EVER BECOME DANGEROUS.
IT'S A DISCREET PERSON.

I DON'T GET IT.
IF YOU ARE DIVING FOR A BIG PLAY, YOU'RE STILL AN AMATEUR.
...
IF I COMPARE TO BASEBALL,
IT'S A GUY WHO JUST WALKS UNDER THE BALL AND CATCHES IT AS IF IT WAS NOT A BIG DEAL.


RUSTLE
MR. UZUKI,
I'LL GO ON DUTY.

EASTERN INTEGRATED MEDICAL CENTER
東総合医療センター

SUCH A SCAREDY-CAT BENCH WARMER.
I KNOW A GUY WHO'S GOOD ENOUGH BUT PREFERS TO BE ON THE BENCH RATHER THAN IN THE FIELD...
DRUNK

I SAID I'LL TAKE DUTY FROM NEXT MONTH.
SO PUT ME ON IT.
MAKING THE DUTY SCHEDULE IS THE MANAGER'S JOB, ISN'T IT?
...
WH--
WHAT DID YOU SAY?
O--
OKAY.
THAT'S VERY NICE OF YOU BUT...
BUT?
WHAT'S THE PROBLEM?

KOBAYAKAWA,
YOU HAVE BETTER SKILL THAN I DO AND CAN BE AN EXPERIENCED DUTY DOCTOR.
I THINK EVERYBODY RECOGNIZES THAT.
...
NO.
IS MY SKILL IN ANESTHESIOLOGY
A PROBLEM, DR. UZUKI?
!

I THINK YOU UNDERSTAND THAT BETTER THAN ANYONE.
FOR US, WE CAN OVERWORK OURSELVES, BUT MUST NOT DO ANYTHING STUPID.
TO PROTECT PATIENTS.
BUT
OVERDOING AND EXCESSIVE ARE NOT THE SAME.

AND IT'S ALSO
TO PROTECT YOU.
END OF CHAPTER 14

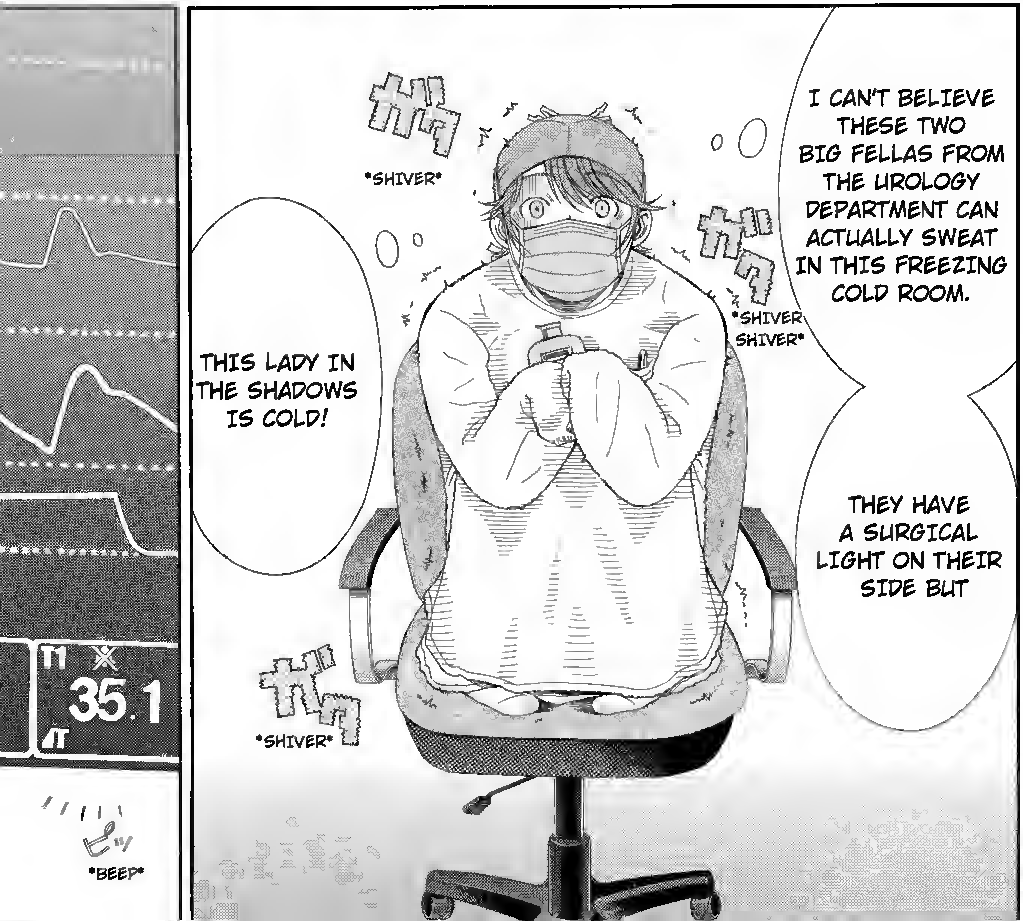
CHAPTER 15
XX SPECIAL!?
IT'S MID-SUMMER. LATELY IT'S BEEN NOTHING BUT HOT SUMMER DAYS.
ROGER,
DR. HONGO.
PANT
PANT
MAKABE,
PANT PANT
PANT
DON'T DRIP SWEAT ON THE PATIENT.
BUT IN THE OPERATION ROOM...
LIGHT SHINING

IT'S PROHIBITED TO DRIP DIRTY SWEAT ON THE OPERATION FIELD.
WHAT'S THE TEMPERATURE IN THIS ROOM RIGHT NOW?
18 DEGREES CELCIUS.
IF THERE IS A SURGEON WHO IS VERY SENSITIVE TO THE HEAT, SOMETIMES IT'S A 20 DEGREE DIFFERENCE COMPARED TO THE TEMPERATURE OUTSIDE.
BEEP
PANT

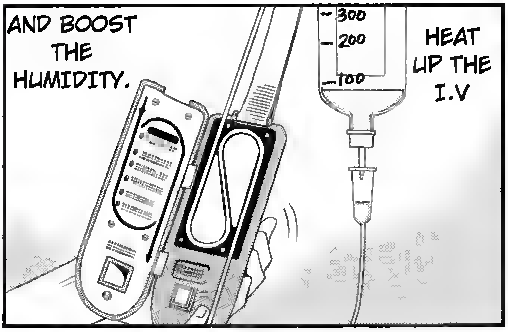
CHAPTER 15

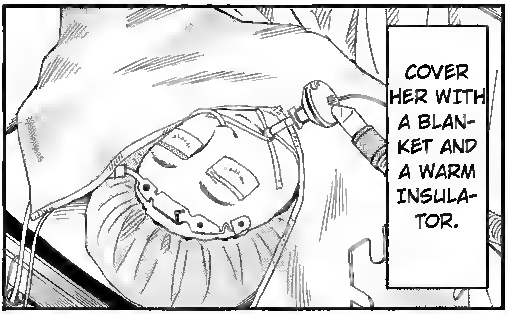
XX SPECIAL!?

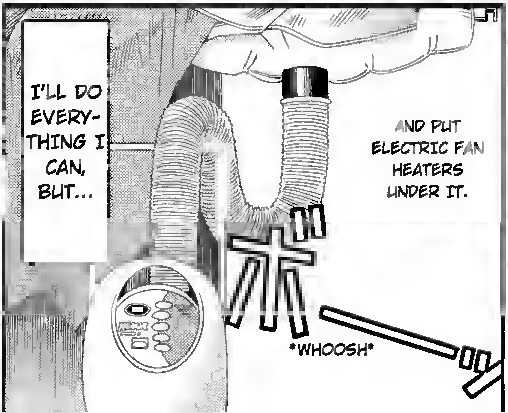
LOWER THAN THIS?!
FLINCH
SIGH
OKAY.
PANT
PANT
UGHH!
IT'S TOO HOT!
TURN THE THERMOSTAT DOWN.


SHIVER
SHIVER SHIVER
SHIVER
THIS LADY IN THE SHADOWS IS COLD!
I CAN'T BELIEVE THESE TWO BIG FELLAS FROM THE UROLOGY DEPARTMENT CAN ACTUALLY SWEAT IN THIS FREEZING COLD ROOM.
THEY HAVE A SURGICAL LIGHT ON THEIR SIDE BUT
35.1
BEEP

IF IT'S DROPPING LIKE THIS, IT'S GOING TO BE LOW-TEMPERATURE ANESTHESIA.
BEEP
BEEP
BEEP
COLD
GOSH, THE PATIENT'S TEMPERATURE IS...

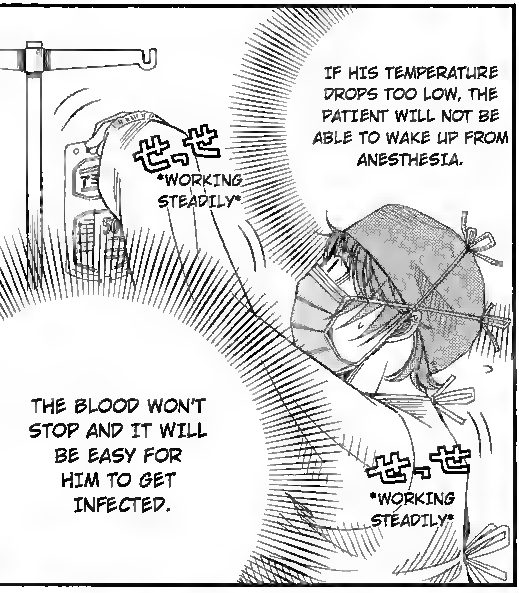

AND BOOST THE HUMIDITY.
300
200
100
HEAT UP THE I.V


COVER HER WITH A BLANKET AND A WARM INSULATOR.

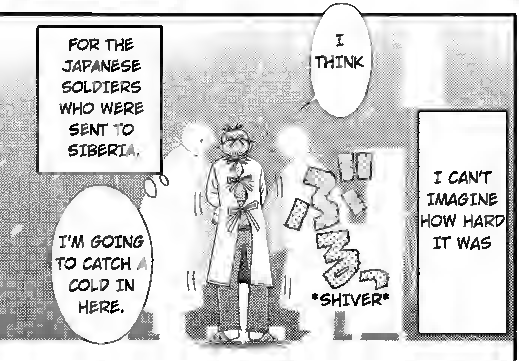

I'LL DO EVERYTHING I CAN, BUT...
AND PUT ELECTRIC FAN HEATERS UNDER IT.
WHOOSH

NURSE,
PLEASE GIVE ME A WARM FORMULATED AMINO ACID.
TO MAINTAIN THE PATIENT'S TEMPERATURE IS ONE OF OUR MOST IMPORTANT JOBS.

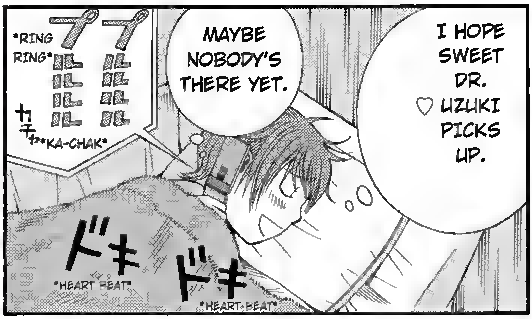
BECAUSE HIS STOMACH IS OPENED UP.
HE'S CONSTANTLY LOSING HEAT


IF HIS TEMPERATURE DROPS TOO LOW, THE PATIENT WILL NOT BE ABLE TO WAKE UP FROM ANESTHESIA.
WORKING STEADILY
THE BLOOD WON'T STOP AND IT WILL BE EASY FOR HIM TO GET INFECTED.
WORKING STEADILY

PLEASE!
PLEASE WARM UP!
RUSTLE
ACTUALLY, JUST DON'T GET ANY COLDER...


FOR THE JAPANESE SOLDIERS WHO WERE SENT TO SIBERIA.
I THINK
I CAN'T IMAGINE HOW HARD IT WAS
I'M GOING TO CATCH A COLD IN HERE.
SHIVER

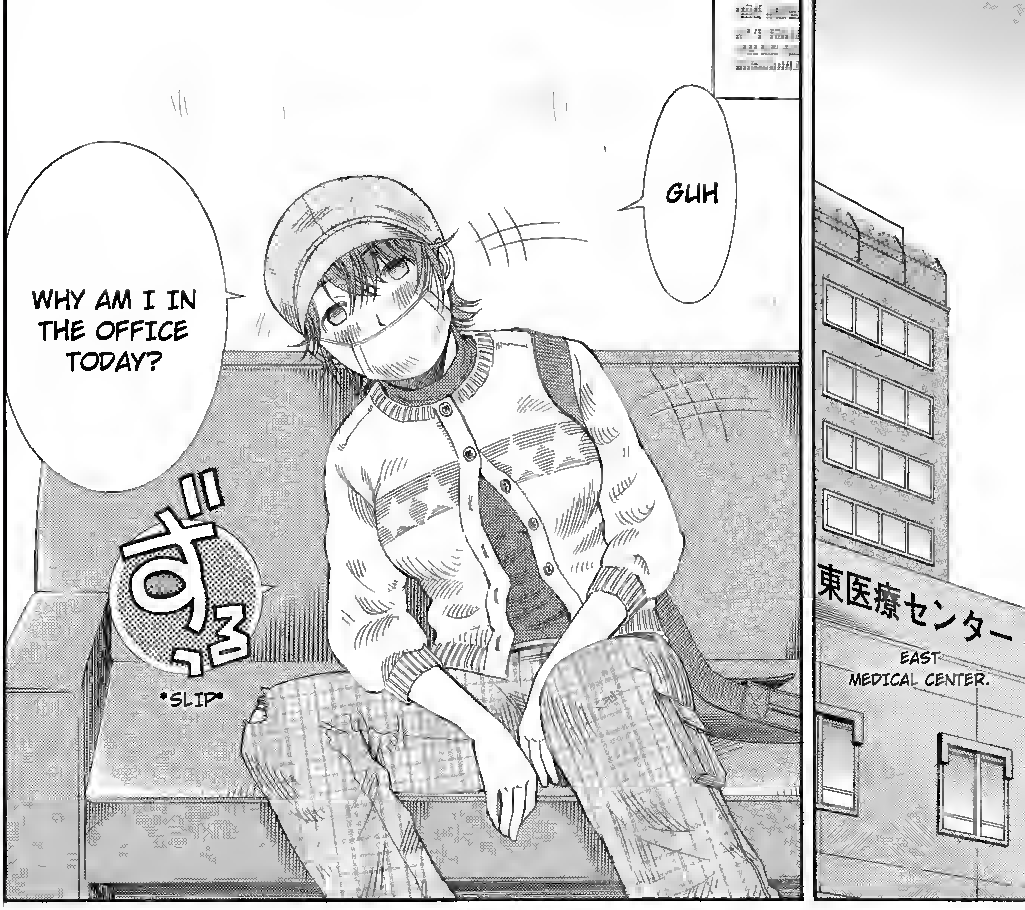
ACHOO
I WAS RIGHT.
SHIVER
IT'S 39 DEGREES.
HUH,
SHIVE
SEE?


RING RING
KA-CHAK
MAYBE NOBODY'S THERE YET.
I HOPE SWEET DR. ♡ UZUKI PICKS UP.
ドキ ドキ
HEART-BEAT
HEART-BEAT

HELLO. THIS IS SHINBOH UNIVERSITY EAST MEDICAL CENTER.
HELLO. THIS IS HANAOKA FROM ANESTHESI-OLOGY.
PLEASE PUT ME THROUGH TO 215.
SURE. JUST A MOMENT.

I GUESS I'LL TAKE A SICK DAY.
GOTTA CALL THE OFFICE.
PEEP

YEAH,
ANESTHE-SIOLOGY.
チャ"ン
CLICK
プルルルルル
RING RING
プルルルルル
RING RING
YOU SHOULD GO TO A PROPER HOSPITAL AND GET IT CHECKED OUT.
WHAT?
THANK YOU SO MUCH!
YAY! I GUESS HE CAN BE KIND SOMETIMES!
AND I HAVE A FEVER.
WELL, I CAUGHT A COLD
I DOUBT I CAN...
COUGH
AGGGHH!
WHY IS IT HIM!?
DR. HIURA.
AH,
ナベっ
SUDDENLY
IT--IT'S HANAOKA.
YEAH?
WELL...
HUH. A COLD, HUH?
OH,
HANAOKA, WHAT'S UP?


GUH
WHY AM I IN THE OFFICE TODAY?
ずるっ
SLIP
東医療センター
EAST MEDICAL CENTER.

IT'S YOUR DAY TODAY!
ふんっ
HMPH
LUCKY YOU, HANAOKA!

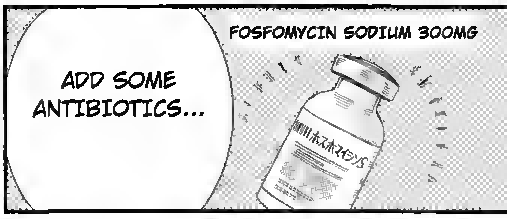
YOUR OFFICE IS A PROPER HOSPITAL!
WHAT A COINCIDENCE!
CHUCKLE
RUSTLE
I CAN'T BELIEVE THIS.
COUGH

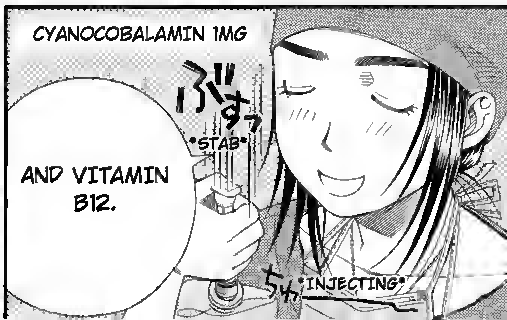
WHEN IT COMES TO COLDS,
HE HE
YOU'VE GOTTA HAVE AN I.V. DRIP!

OKAY.
I DON'T HAVE APPETITE SO.
PLEASE GIVE ME 5% GLUCOSE.
OKAY,
OKAY.
LEAVE IT TO ME!

AND PRESTO!
WOW!
IT'S PINK AND CUTE!

5% GLUCOSE 500ML
"QUICKLY"
5% ZUCKERKANDL! YOUR FAVORITE BRAND!


ADD SOME ANTIBIOTICS...
FOSFOMYCIN SODIUM 300MG

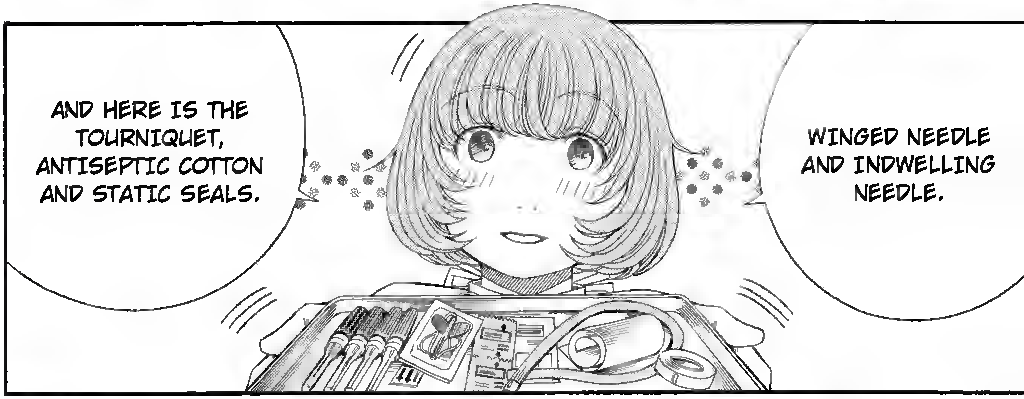

CYANOCOBALAMIN 1MG
AND VITAMIN B12.
"STAB"
"INJECTING"

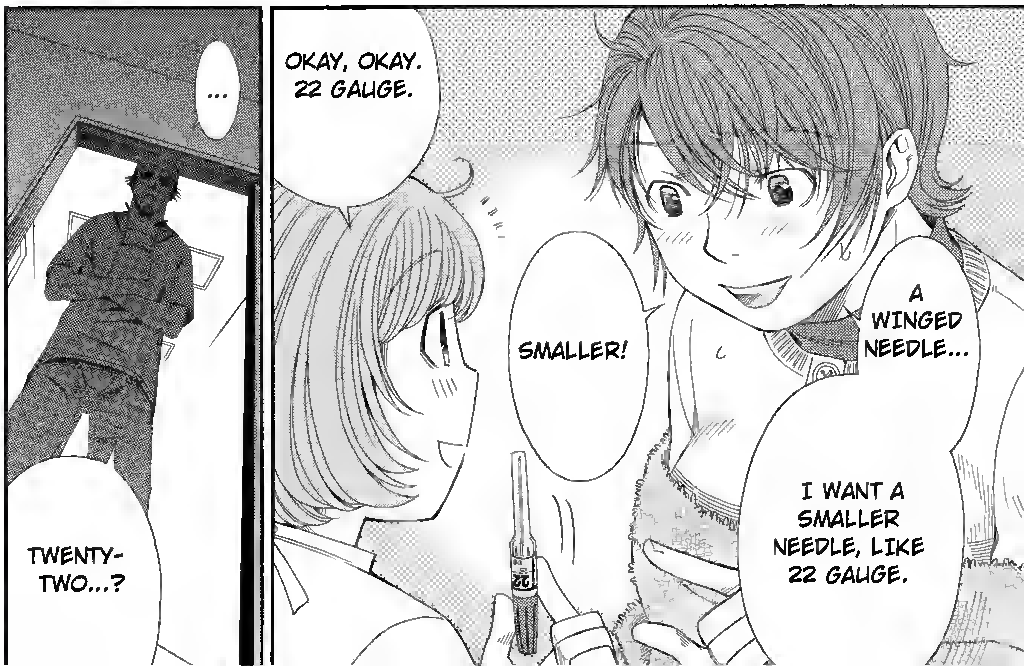
ADD MORE SEVERAL VITAMINS!
NON-STEROIDAL ANTIPYRETIC ANALGESIC
AND STOMACH MEDICINE!
MIX
MIX MIX MIX
THROW IN SOME OTHER STUFF!

カミャ
SHAKE
THE ASANOME SPECIAL!
UH...
カミャ
SHAKE
ARE YOU SERIOUSLY GOING TO GIVE THAT TO ME?

ALL DONE!
TADA!

I'LL CONNECT THE SET FOR ADULTS.
QUICKLY
I'LL GET THE LINE NEXT.
OKAY,
...


AND HERE IS THE TOURNIQUET, ANTISEPTIC COTTON AND STATIC SEALS.
WINGED NEEDLE AND INDWELLING NEEDLE.


...
TWENTY-TWO...?
OKAY, OKAY. 22 GAUGE.
SMALLER!
A WINGED NEEDLE...
I WANT A SMALLER NEEDLE, LIKE 22 GAUGE.

GASP
HOW DID YOU GET ONE LIKE A TATAMI NEEDLE?
WITH THIS, WHEN EXCESSIVE BLEEDING OCCURS, I CAN GIVE A TRANSFUSION IMIDIATELY.
DON'T HOLD BACK. JUST ENJOY!
I GOT IT FROM THE OFFICE AT MY PART TIME JOB.

NOTE.
A TATAMI NEEDLE IS A NEEDLE USED TO SEW THE DEORATIVE CLOTH EDGES ONTO TATAMI (STRAW MATS TRADITIONALLY USED AS JAPANESE FLOORING

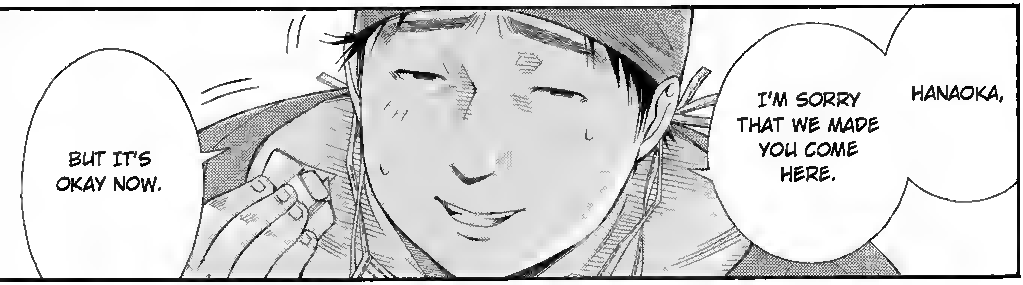
THEY ARE HUGE

AGHH-HHHH-HHH-HHH!!!
NO!
NO THANK YOU! I DON'T NEED IT!
IS SHE OKAY?
EIGHT-THIRTY, HUH?
IT'S FINALLY QUIET AROUND HERE.
...
"TICK"

EVERYBODY WENT TO THE OPERATING ROOM BECAUSE IT'S TIME TO BEGIN.
ANYWAY,
SHE WOUND UP WITH THE 22 GAUGE
THEY ARE REALLY MEAN.
THEY TREAT ME LIKE A TOY.
THEY SHOULD BE NICE TO ME BECAUSE THEY ARE DOCTORS
AND I AM A PATIENT.
OH!
THERE IS THE PATIENT THAT EVERYBODY'S TALKING ABOUT.
AH, DR. NIMURA.
ARE YOU OKAY?
IS THERE BRAIN SURGERY TODAY?

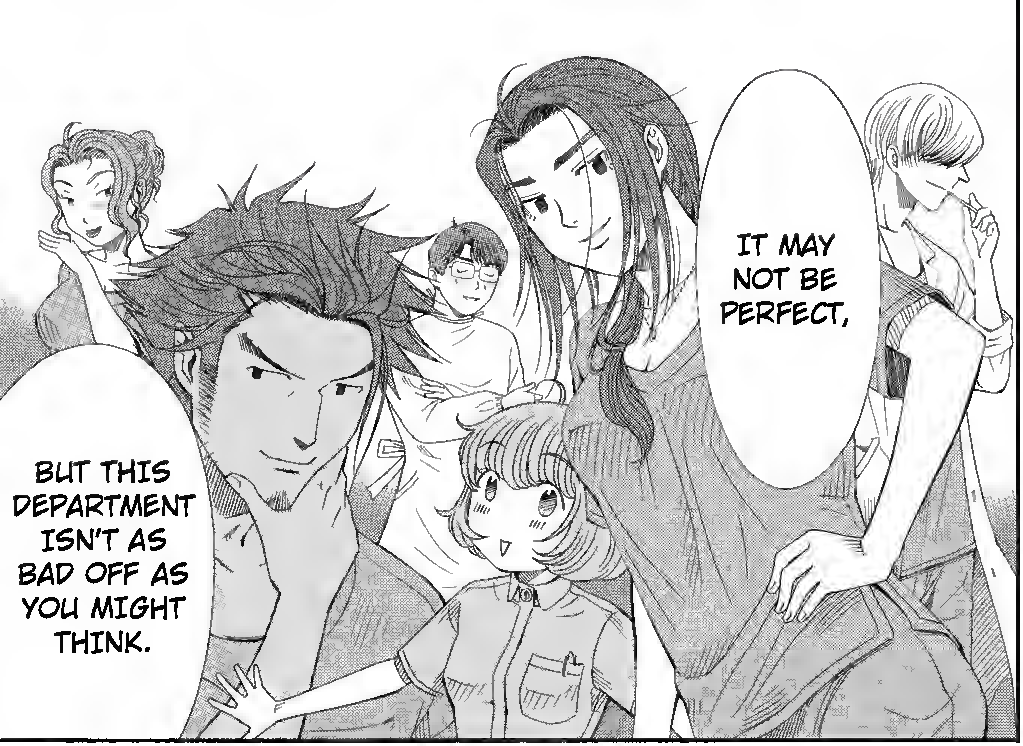
RUB
DIDN'T YOU HEAR?
WE HAD EMERGENCY CLIPPING LAST NIGHT.
IT WAS A VERY HARD ONE. SO WE WERE UP ALL NIGHT WITH IT.
WE JUST FINISHED.
AND THERE WERE MORE EMERGENCIES TOO.
IN THE OPERATING ROOM AND IN ANESTHESIOLOGY.
I GUESS THEY WERE VERY BUSY.
AND I HEARD
EVEN PROFESSERS WERE GIVING ANESTHESIA.
WHAT?
YEAH, IF PEOPLE LIKE PROFESSERS DO IT,
OPERATING SURGEONS WON'T LIKE IT.
ANYWAY, SEE YOU, DR. HANA.
TAKE CARE OF YOUR-SELF!
I WILL! THANKS!

OKAY!
YOUR I.V. DRIP IS ALL DONE.
LET'S GO HOME.
MAN-AGER...
SQUEEZE
CLIPPING?!
PROFESSORS GIVING ANESTHESIA?
...
I DIDN'T KNOW ABOUT THAT.
MAYBE EVERYONE WAS HYPED UP BECAUSE THEY STAYED UP ALL NIGHT?


HANAOKA,
I'M SORRY THAT WE MADE YOU COME HERE.
BUT IT'S OKAY NOW.

TO TELL THE TRUTH, IF THE EMERGENCY BRAIN SURGEONS ARE NOT DONE BY 10:30,
NOBODY IS AVAILABLE FOR ORTHOPEDIC SURGERY.
WELL, FOR YOUR TREATMENT TOO -
SO WE NEEDED YOU TO BE HERE JUST IN CASE.

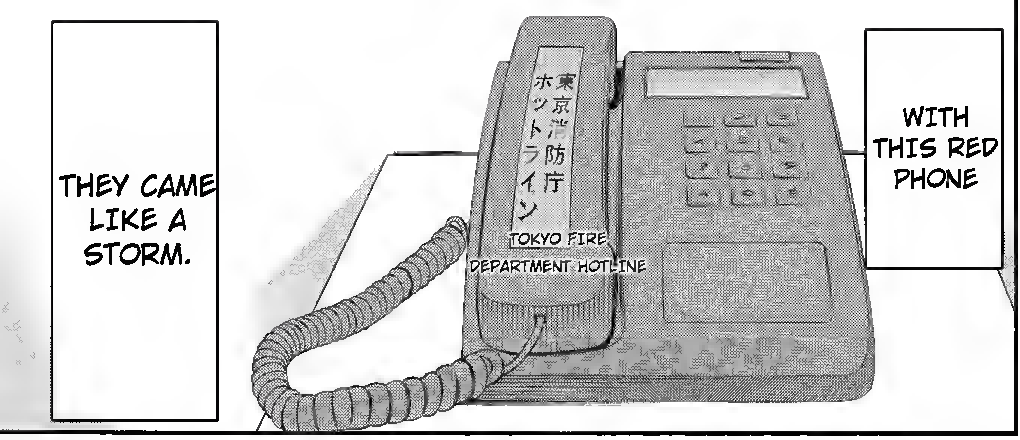
WE ARE SO SORRY.
IT WAS MY DECISION TO MAKE YOU COME.
AH...
TAKE CARE.
RATTLE
YOU CAN GO HOME.
WELL,
I'M HERE NOW,
SO LET ME HELP YOU.
THANK YOU, HANAOKA.
BUT WE CAN DO IT BY OURSELVES NOW.


IT MAY NOT BE PERFECT,
BUT THIS DEPARTMENT ISN'T AS BAD OFF AS YOU MIGHT THINK.

MANAGER...
SEE YOU!

...
I'M GONNA REST UP AND TRY TO GET BETTER SOON.
EVERYBODY IS A LITTLE WEIRD SOMETIMES, BUT...
WE CAN COUNT ON ONE ANOTHER.
HE HE ♡

END OF CHAPTER 15



CHAPTER 16

LIFESAVING (1)

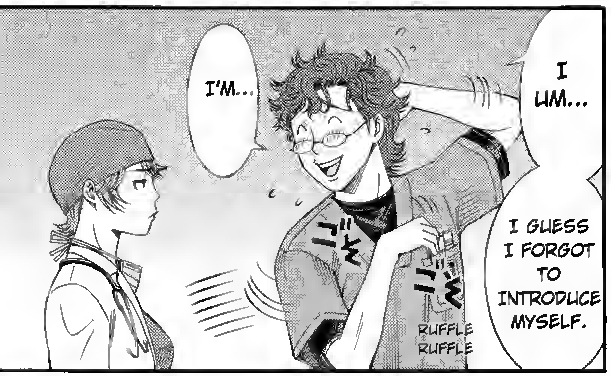
HEY DOCTOR!
LONG TIME NO SEE!
CHAPTER 16
LIFESAVING (1)
すぅ…
AH!
ALONGSIDE

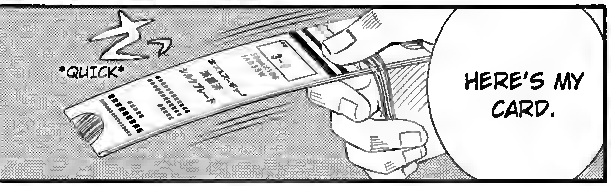
"NO SMOKING"
禁煙
WHERE IS THE PROFESSOR?
IT'S THE FIRST DAY, SO I THOUGHT WE SHOULD COME HERE TO SAY HI.
HE MIGHT BE IN THERE.
THE ROOM ON THE LEFT IS THE WAITING ROOM FOR ANESTHESIOLOGY. AT THE END IS THE ROOM FOR NURSES.
WE JUST GOT OFFICIALLY TRANSFERED.
WE'RE GOING TO BE WORKING HERE STARTING TODAY.
EH, IT'S ALL RIGHT.
...
HOW IS BUSINESS HERE IN THE EAST BUILDING?

WOW!
♡
SEE YOU.
BUT IF HE ISN'T, HE'LL BE IN THE OPERATING ROOM.
THANK YOU.

BOOBS!
YOU HAVE-- THE MOST AMAZING--
WHAT?
ぼいーん
BOUNCEY
ぼいーん
BOUNCEY

A HA HA HA
HEY, MINAMI! YOU ARE...
IDIOT!
BE GOOD! IT'S OUR FIRST DAY HERE!
DAMN, YOU TIT LOVER! COME ON!
NO SMOKING
禁煙
WOW!
IT'S A GREAT FIRST DAY!
...
...
UMM...
GROPE
GROPE
DR. MUTSU, THE EAST BUILDING ISN'T THAT BAD AS I THOUGHT.


I'M...
I UM...
I GUESS I FORGOT TO INTRODUCE MYSELF.
RUFFLE RUFFLE


QUICK
HERE'S MY CARD.

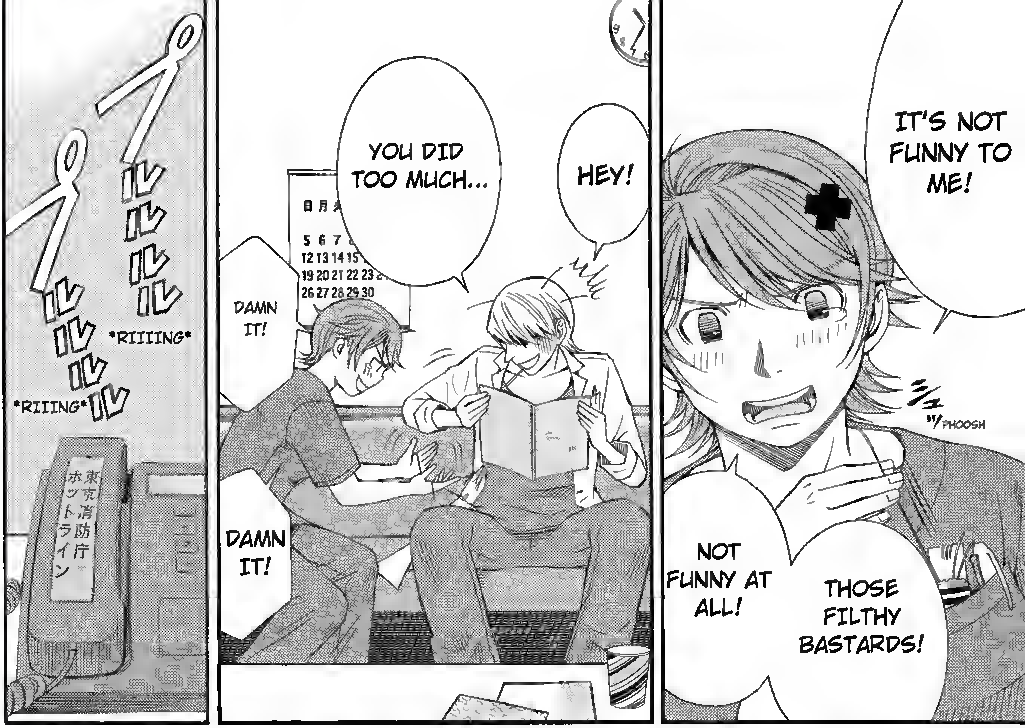
3-0 KENSHI?
...?
SPARKLE
SEE YA!
TAKE CARE OF THOSE AMAZING TITS!

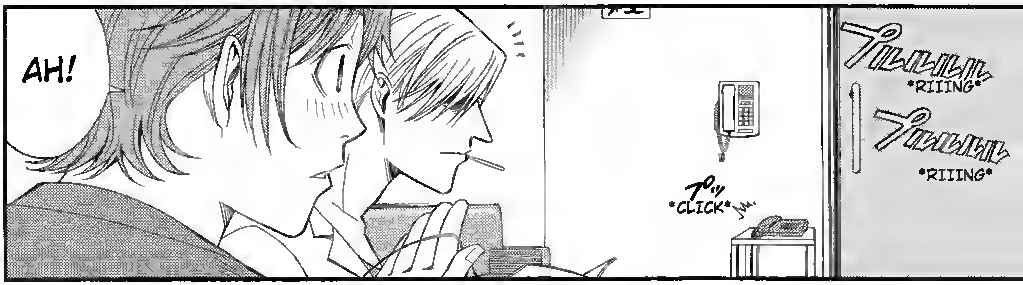
AH!
OOPS, SORRY!
SUDDEN MOVEMENT
I WAS SO ENCHANTED BY YOUR AMAZING TITS THAT

THEY ARE EMERGENCY MEDICAL TECHNICIANS FROM THE MAIN BUILDING.
WHAT THE HELL WAS THAT?
DR. HIURA...

WE HAVE GOT SOME PRETTY GOOD ONES.
STARTING WITH MUTSU,
THEIR PROFESSOR ...

FINALLY THINGS ARE GETTING INTERESTING.
CRUSH
IF THE MAIN HOSPITAL SENDS US A LOT OF GOOD DOCTORS LIKE THEM, IT SHOWS THEY ARE MAKING A SERIOUS EFFORT TO IMPROVE THIS PLACE.
RATTLE
OH,
THEY DON'T LOOK LIKE IT AT ALL.
YOU'LL SEE.
ABOUT THEM
QUICK MOVEMENT
SHAA
THERE IS NOTHING INTERESTING
AT ALL!
TIGHTEN


RIIIING
RIIING
東京消防庁ホットライン
YOU DID TOO MUCH...
HEY!
DAMN IT!
DAMN IT!
IT'S NOT FUNNY TO ME!
*HOOSH
NOT FUNNY AT ALL!
THOSE FILTHY BASTARDS!

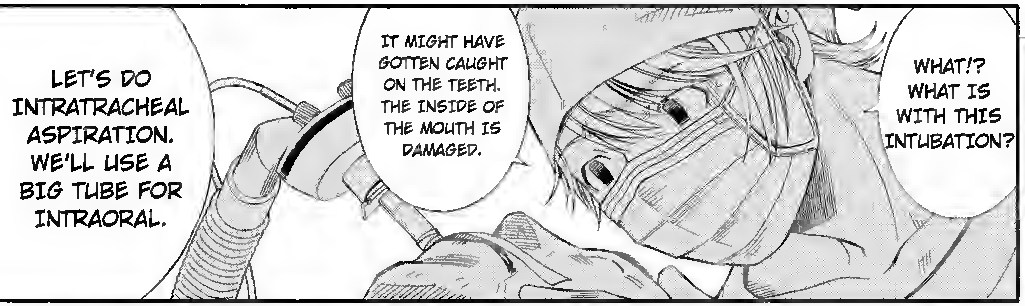

AH!
RIING
RIING
CLICK

FOR AN OPERATION?
PANIC
DOES THAT MEAN A PATIENT
I DOUBT IT.
EH,
PANIC
IS COMING TO OUR HOSPITAL
DR. KOBAYA-KAWA,
THE PHONE THAT JUST RANG...
THAT WAS THE HOT LINE, WASN'T IT?

THERE ARE FEW PATIENTS WHO CAN COME TO THE OPERATING ROOM.
IF THEY COME HERE,
IF WE GET A REQUEST CALL FROM THE AMBULANCE OR ANOTHER HOSPITAL,
AND IF EITHER THERE ARE NO BEDS AVAILABLE,
OR IF WE DON'T HAVE ENOUGH DOCTORS, WE CAN'T TAKE PATIENTS.
MOST OF THEM
ARE TAKEN CARE OF IN THE ER.
OR WE JUST CAN'T DO ANYTHING FOR THEM.
WE GOT AN EMERGENCY CALL.
THE FIRST PATIENT IS COMING.
STOMP
STOMP
SLIDE
IS HANAOKA IN HERE?
WE,
WE CAN'T DO ANY-THING?!
BUT DOCTOR,
THAT MEANS...

HE'S IN CARDIOGENIC SHOCK INDUCED BY CARDIAC TAMPONADE.
PERICARDIO-CENTESIS HAS BEEN DONE AND WE TRIED TO ASPIRATE THE FLUIDS,
BUT WE'RE GOING TO OPEN THE CHEST JUST IN CASE.
TMP
MOVE HIM ON THREE!
QUICK
ONE
TWO
THREE
fwump

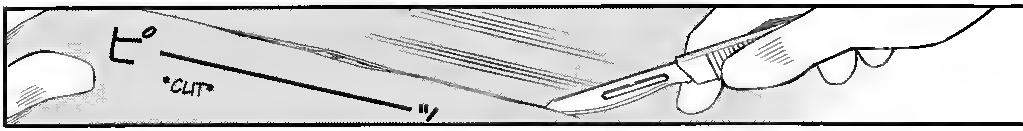
INTUBATION HAS ALREADY BEEN PREPPED.
SO CAN YOU CONNECT IT AND SET UP?
IN CASE SOMETHING HAPPENS WHILE WE ARE WASHING OUR HANDS, PUT A SHEATH ON THE NECK.
HAVE YOU GOT HIS PULSE?
YEAH, IT'S 10.10.

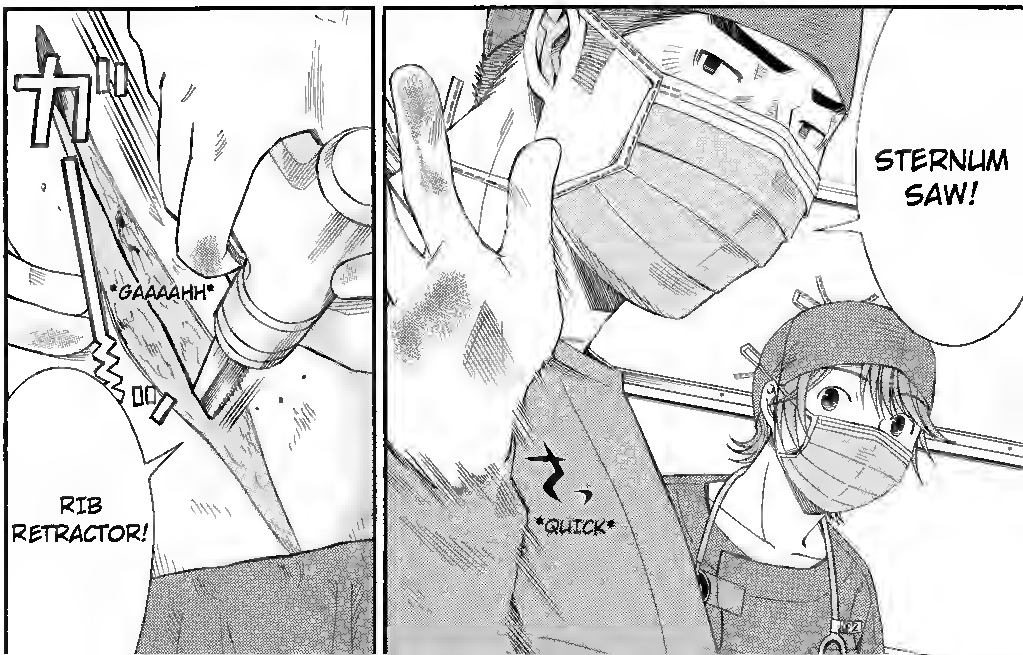

WHAT!? WHAT IS WITH THIS INTUBATION?
IT MIGHT HAVE GOTTEN CAUGHT ON THE TEETH. THE INSIDE OF THE MOUTH IS DAMAGED.
LET'S DO INTRATRACHEAL ASPIRATION. WE'LL USE A BIG TUBE FOR INTRAORAL.

T2
NIBP
--/--
(--)
"LIGHT"
"PRRRRRRR"
"PRRRRRRR"
"PRRRRRRR"

"PRRRRRRR"
BUT,
I COULD FEEL IT THROUGH THE CAROTID WHEN THE PATIENT CAME IN.
I THINK THE SYSTOLIC BLOOD PRESSURE MUST HAVE BEEN ABOUT 60MM HG. HOW IS IT NOW?
"SUCK"
IT'S IMPOSSIBLE TO MEASURE HIS BLOOD PRESSURE.
WHAT THE HELL?!

THE CAROTID IS OVER-SWELLING.
I CAN FEEL A FAINT PULSE.
IT'S CARDIAC TAMPON-ADE.
BLOOD AND OTHER LIQUIDS ARE ACCUMULATING OUTSIDE OF THE HEART AND PRESSURIZING IT. THAT'S WHY HIS HEART DOESN'T WORK AS A PUMP.
SO WE ARE TRYING TO TAKE THAT CLOT OUT.
IF WE SUCCEED, BLOOD PRESSURE SHOULD RETURN TO NORMAL.
LET'S GET STARTED!

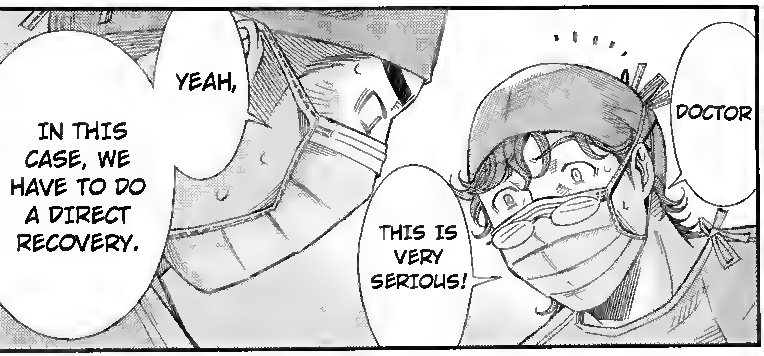

CLIT


STERNUM SAW!
QUICK
GAAAAHH
RIB RETRACTOR!

キィ…
CREAK

IT'S A LITTLE ROUGH, BUT VERY FAST.
MEDIAN SECTION.
WITHOUT LOSING A SECOND, THEY OPENED THE CHEST.
ぶるる
SHUDDER

OK. THAT'S WHY WE COULDN'T GET ANY-THING OUT BY NEEDLING.
LOOK, THERE'S THE BLOOD CLOT! THE BLOOD HARDENED IN THE PERICARDIUM.


YEAH,
IN THIS CASE, WE HAVE TO DO A DIRECT RECOVERY.
DOCTOR
THIS IS VERY SERIOUS!

ベロッ
SLURP
I HOPE THIS CAN BE SOME HELP BUT...

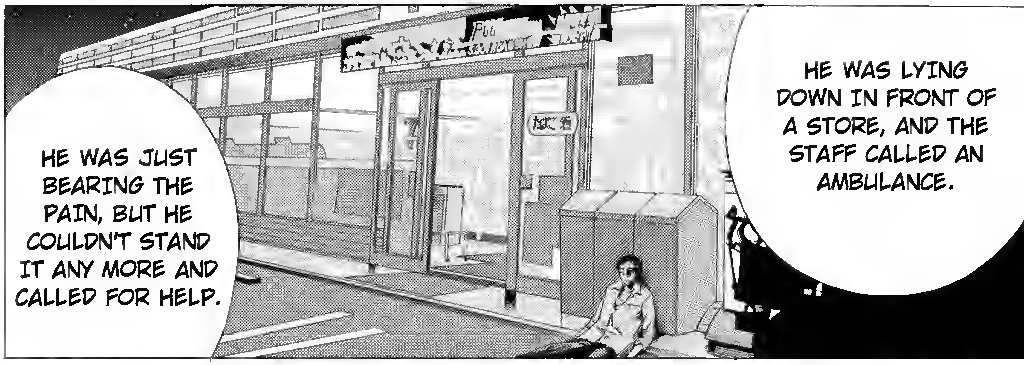
WHAT?
HANAOKA, MAXIMUM BLOOD TRANS-FUSION!
…
カタン
TMP

SLASH
IT'S CARDIAC RUPTURE.
DAMN IT
LV FREE WALL RUPTURE!
I'VE NEVER SEEN THIS BEFORE. DAMN IT!
I CAN'T! IT'S TEARING UP FROM WHERE WE TRIED TO SAW!
RIP
THE PERIPHERY IS NECROTIC!

NOTE (MAP) MEAN ARTERIAL PRESSURE (FFP) FRESH FROZEN PLASMA

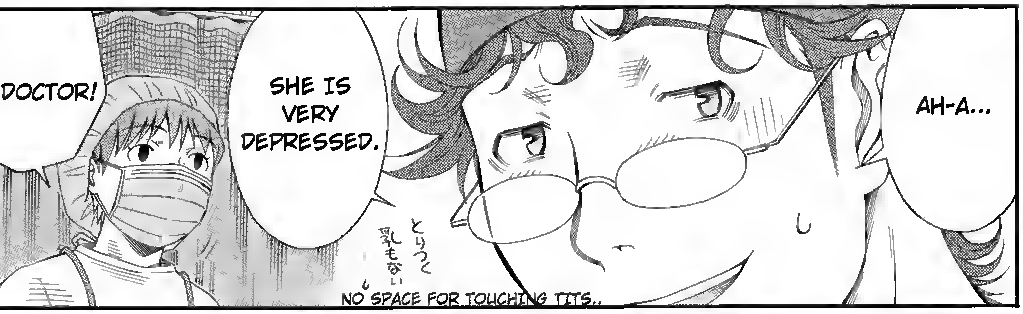
HR 0< 40
ASYSTOLE
HR
0
...
ANESTHESI-
OLOGISTS,
THANK YOU
VERY MUCH.
CLATTERING
カラ
CLATTERING
カラ
THAT WOULD
GET MORE
ATTENTION IF
YOU DO THAT.
CLATTERING
カラ
DON'T....WE
HAVE TO
PUT SOME-
THING OVER
HIS FACE?
カラ
CLATTERING
カラ
EXCUSE
US,
COMING
THROUGH.
カラ
USUALLY
NOBODY
NOTICES IT'S
A DEAD BODY.
...

UM, NO.
I THINK I CAN TELL THEM.
DO YOU NEED AN ANESTHESIA PROGRESS REPORT?
IT'S WEIRD THAT A MORTUARY IS RIGHT NEXT TO THE ICU.
WE'LL TAKE FROM HERE, SO YOU CAN GO.
OH.
...
WE NEVER EVEN KNEW THIS PATIENTS NAME.
HE DOESN'T HAVE MONEY, AN ID CARD OR ANYTHING.
I KNOW.

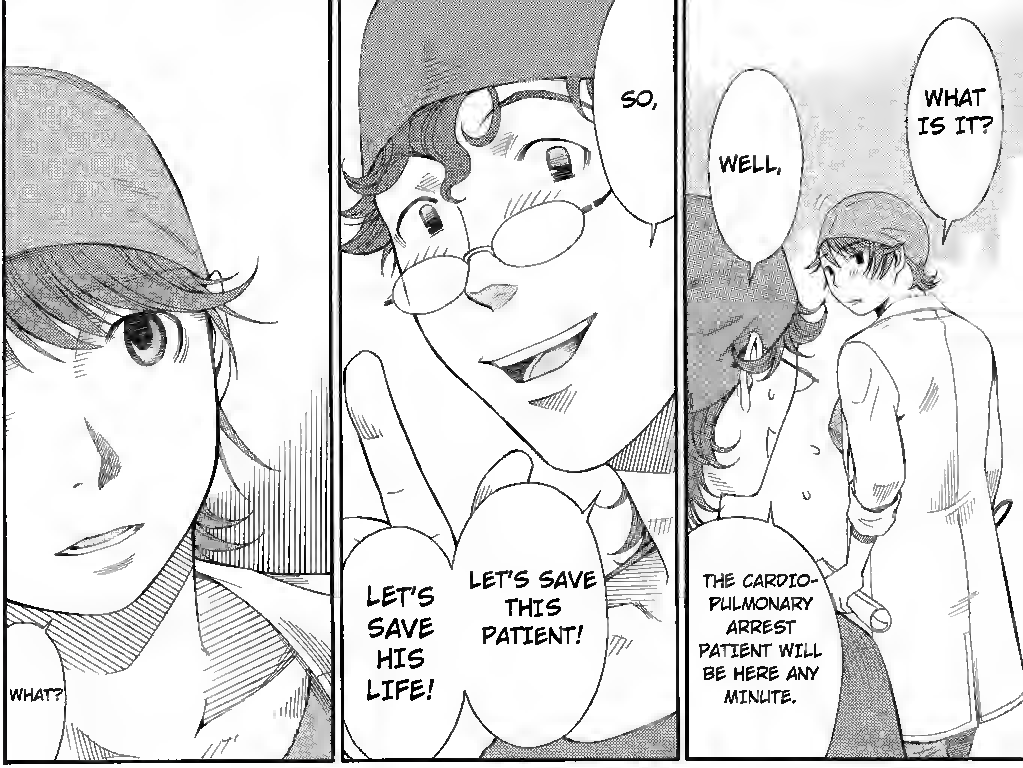

HE WAS LYING DOWN IN FRONT OF A STORE, AND THE STAFF CALLED AN AMBULANCE.
HE WAS JUST BEARING THE PAIN, BUT HE COULDN'T STAND IT ANY MORE AND CALLED FOR HELP.

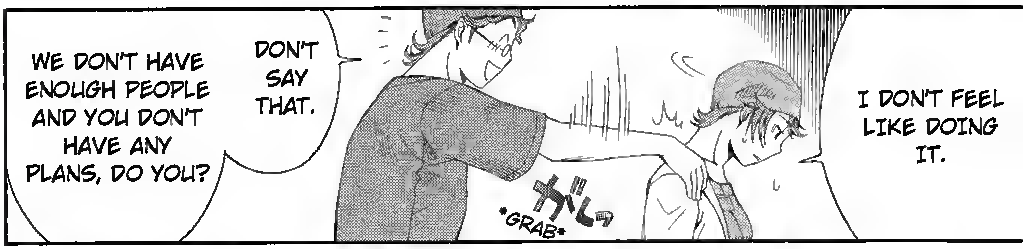
THERE ARE A LOT OF SIMILAR CASES LATELY.
OK THEN. I'LL GO NOW.
...

"SHOCK"


DOCTOR!
SHE IS VERY DEPRESSED.
AH-A...
とりつく島もない
NO SPACE FOR TOUCHING TITS..

HEY, MS. ANESTHE-SIOLO-GIST!
WAIT!
...?
!
OH!
OH.
THERE IS ONE MORE CARDIOPUL-MONARY ARREST IS COMING.
AN 18 YEAR OLD MALE.
HE'S VERY YOUNG.


WHAT IS IT?
WELL,
THE CARDIO-PULMONARY ARREST PATIENT WILL BE HERE ANY MINUTE.
SO,
LET'S SAVE THIS PATIENT!
LET'S SAVE HIS LIFE!
WHAT?


I DON'T FEEL LIKE DOING IT.
GRAB
DON'T SAY THAT.
WE DON'T HAVE ENOUGH PEOPLE AND YOU DON'T HAVE ANY PLANS, DO YOU?

ANESTHESIOLOGISTS KNOW HOW TO INTUBATE AND GET A LINE.
PUSH
HEY!
I DON'T WANT TO...
YOU'LL BE VERY HELPFUL!
PUSH
PUSH
PUSH
ALL RIGHT. CHEST COMPRESSION IS MORE THAN 100 TIMES A MINUTE. KEEP GOING!

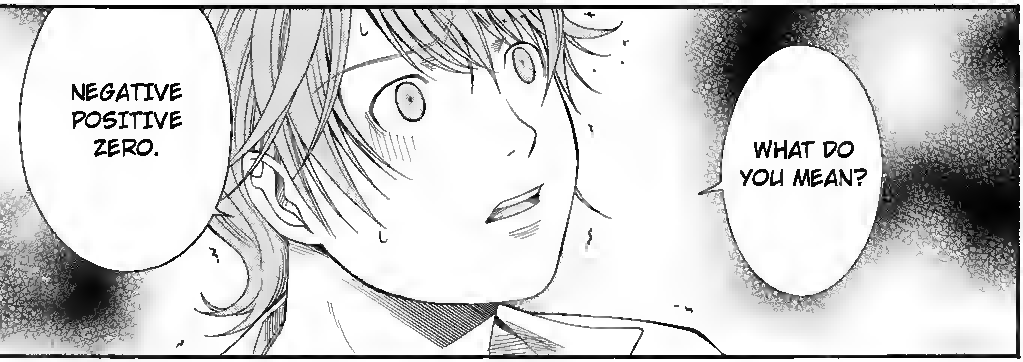
LISTEN UP, EVERYONE.
THIS IS PROBABLY PULSELESS ELECTRICAL ACTIVITY CAUSED BY TENSION IN THE PNEUMOTHORAX.
MS. ANESTHESIOLOGIST AND MEGURO, KEEP DOING CPR, TAKING TURNS.
DO NOT STOP!
SHIGEKI, YOU INCISE THE CHEST WALL IN VS MIDAXILLARY LINE!
YAGUCHI, YOU INJECT 1MG OF BOSMIN.
OK.
GOT IT!
MS. ANESTHESIOLOGIST, YOUR PACE IS SLOWING.
WE CAN SAVE THIS PATIENT FROM ACUTE PNEUMOTHORAX ...
WE CAN'T AFFORD TO FAIL!
I KNOW IT'S VERY HARD, BUT DO YOUR BEST!
ALL RIGHT!
NOW CHECK THE HEART RHYTHM .
PANT PANT
...
BEEP
BEEP
BEEP
BEEP
OK! WE'VE GOT NORMAL SINUS RHYTHM.

I FEEL VERY SORRY FOR THAT OLD MAN. BUT
WE SAVED THIS PATIENT.
IT'S LIKE A FRESH START.
MS. ANESTHESIOLOGIST, THANKS FOR YOUR HELP.
YES!
YOU DID A GREAT JOB!
PAT
AH..
BEEP
BEEP
WE'VE GOT A PULSE!
AH.

NEGATIVE, POSITIVE, ZERO.
IT'S A HAPPY ENDING OF SORTS.
END OF CHAPTER 18

CHAPTER 17

LIFESAVING (2)



※STERBEN IS GERMAN FOR DEATH.

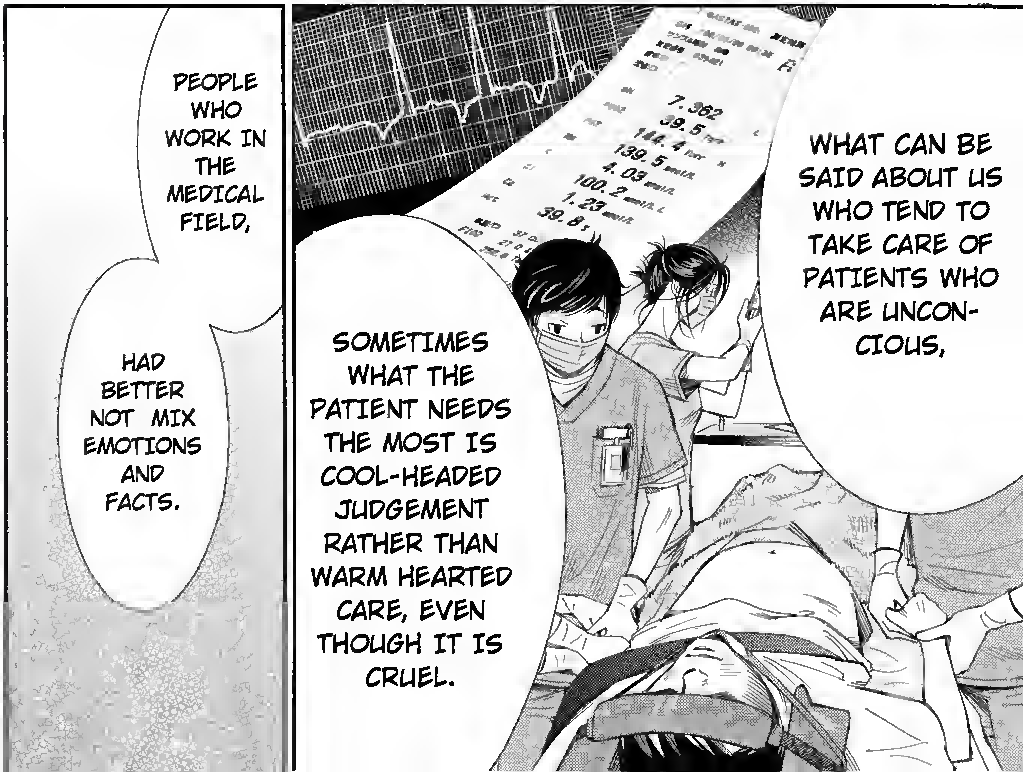
SO YOU ARE SAYING
THAT NOTHING HAPPENED!?
CHAPTER 17
LIFESAVING (2)

NO, NO NO.
CALM DOWN
ZERO MEANS... THAT'S NOT WHAT I MEAN BY ZERO.
AND IF YOU KEEP LOOKING VERY DEPRESSED,
THAT'LL MAKE ME SAD AND MAYBE THE PATIENTS TOO.
IF YOU ARE LIKE THAT, YOU CAN'T DO YOUR BEST.
SO...
MANY THINGS HAPPENED... AND IN THE END, THE RESULT IS NEGATIVE POSITIVE ZERO.
IT DOESN'T MEAN NOTHING HAPPENED.
SO?
IF A PATIENT DIES LIKE JUST NOW,
DO I HAVE TO SMILE AT EVERYBODY LIKE AN IDIOT?
NO...
THAT'S NOT WHAT I SAID.
DEPENDING ON HOW YOU LOOK AT IT, THE MEDICAL FIELD IS A SERVICE INDUSTRY.
ONE OF THE WAYS TO CHANGE YOUR MIND,

YOU ARE SAYING I HAVE TO BE SATISFIED TO GIVE LIFE OR TAKE LIFE LIKE, LIKE--THIS IS A GAME?
HOW DARE YOU!
YOU JERK!
JERK?
WHAT?
HM...
YEAH.
I GUESS
I AM.

A DOCTOR, IN SOME WAYS,
IS A PERSON BUT ALSO NOT A PERSON.
DON'T YOU THINK? ESPECIALLY FOR SURGEONS.
IF YOU ARE RIGHT IN MIND, YOU CAN'T JUST CUT A PERSON'S BODY LIKE THAT.
AND I.V, WHICH YOU DO EVERYDAY.
HAVE YOU EVER THOUGHT ABOUT IT? YOU STAB NEEDLES INTO SOMEONE'S BODY.
IF A REGULAR PERSON DID THAT, IT WOULD BE A CRIME.

WHAT I WANT TO TELL ANES-THESIOLO-GISTS
AS A SWEET AND OH-SO-WONDERFUL MEDICAL EMERGENCY TECHNICIAN IS--
AHEM
UGH..
I SHOULD STOP BABBLING.


PEOPLE WHO WORK IN THE MEDICAL FIELD,
HAD BETTER NOT MIX EMOTIONS AND FACTS.
SOMETIMES WHAT THE PATIENT NEEDS THE MOST IS COOL-HEADED JUDGEMENT RATHER THAN WARM HEARTED CARE, EVEN THOUGH IT IS CRUEL.
WHAT CAN BE SAID ABOUT US WHO TEND TO TAKE CARE OF PATIENTS WHO ARE UNCON-CIOUS,

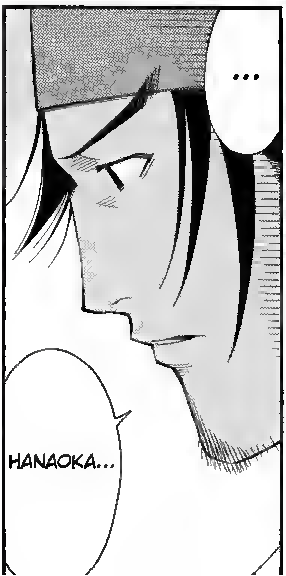
BE POSITIVE AND GET ALONG WITH ONE ANOTHER.
WE ARE THE SAME PEOPLE. BE HARD-BOILED AT WORK, AND BE FUN IN PERSON.
HEHE
•URK•
WELL,
DOCTORS HAVE EMOTIONS THAT COMPEL US TO SAVE PATIENTS.
THAT'S WHY WE CAN GIVE THEM TREATMENT, ISN'T IT?
UH?
DR. MINAMI,
I CAN'T THINK LIKE THAT.

IT'S NOT SIMPLE, THAT'S FOR SURE.
OK.. ALL RIGHT.
...
I'M NOT LIKE YOU, DR. MINAMI.
I CAN'T DO ANYTHING.
IF I LOSE THAT,
SO I WANT TO ASK YOU A FAVOR.
DR. HANAOKA, YOU ARE VERY SWEET PERSON.
HANAKO HANAOKA
AND JUST LIKE THAT,
NOBODY WILL CRY FOR HIM.
EVEN IF THEY FIND SOMEONE, IN MY EXPERIENCE,
IF THEY GET AN EXORBITANT BILL FOR SOMEONE THEY HAVEN'T TALKED TO IN A LONG TIME, THEIR SADNESS WILL EVAPORATE.
RIGHT NOW, THE POLICE AND A CASE-WORKER ARE
LOOKING FOR SOMEONE TO IDENTIFY AND CLAIM THAT MAN.
BUT IF THEY CAN'T FIND ANYONE, HE WILL BE CREMATED AND SENT TO THE DEPOSITORY.

UNFORTUNATELY, I DON'T
HAVE TEARS FOR DEAD PATIENTS ANY MORE.
IN MY STEAD,
PLEASE CRY FOR HIM.

OH,
WHERE WERE YOU?
WHERE THE HELL--

UH?
...
WERE YOU HANGING OUT AND CHATTING AWAY?

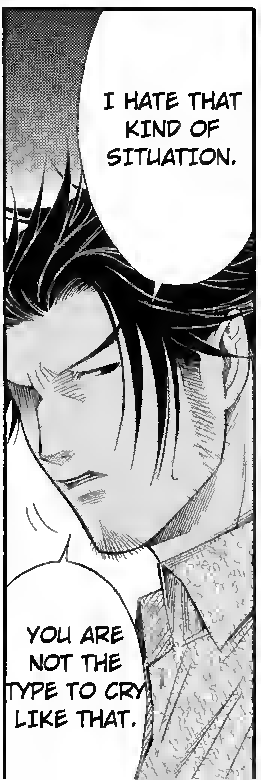

...
HANAOKA...

SOB
DR. HIURA...

SLAM
I'M... BACK.

DON'T CRY!
BLEGH
LET'S GO!

I WHO NEVER, EVER CRIES, AM ABOUT TO CRY!
GK
NO THANKS.
SO WHY DON'T YOU CHEER ME UP?


I HATE THAT KIND OF SITUATION.
YOU ARE NOT THE TYPE TO CRY LIKE THAT.

UH..
WHERE ARE YOU TAKING ME?
SO LATE AT NIGHT?
STAGGER
SHUT UP AND FOLLOW ME.

DOCTOR, IS THIS IT...?
YEAH.
24h
バッティングセンター
24 HOUR BATTING CAGES
WE HAVE TIME TILL THE BASEBALL GAME.
HMPH...
LET'S PLAY, HANAOKA!
THE ONE WHO SLUGS A HIT IS THE WINNER.
VEIN POP
UNDRESS

I'LL TAKE YOU UP ON THAT!
IF I WIN, YOU HAVE TO BUY ME SOMETHING!
SLAM
HEHEHE
DID YOU SEE THAT?
GAH!
WHOA! WHAT THE HELL DO I THINK I'M DOING HERE?
ALL RIGHT!
GRIP
I FEEL VERY STUPID...

LIFE IS BRIEF.
DAMN.
BEING A DOCTOR IS A REALLY STUPID JOB.
HUH?
WHIFF
AH!
BUT POWERFUL.
OFTEN TIMES, IT MAKES ME FEEL LIKE IT'S SO VERY FAR AWAY AND I'LL NEVER BE ABLE TO REACH IT.
DAMN IT!
BUT WHY AM I EVEN TRYING TO CATCH IT?

HANAOKA,
HEY...
TCH
IF THAT PATIENT LEFT YOU WITH SOME-THING
TO THINK ABOUT AS A DOCTOR.
WHAT?
I'M NOT DONE YET.
PLEASE BE QUIET, DOCTOR.
LOOKS LIKE I WIN.
...
DON'T MAKE LIGHT OF IT. DON'T MAKE IT INTO SOME-THING THAT DEGRADES IT.
I KNOW THAT!
NO MATTER HOW MUCH I CRY, THAT PATIENT WILL NEVER COME BACK TO LIFE.
BUT I...
HIT!
DAMN IT!
WHOOSH
GA-THUNK

CRRR--
--RRRRAAAAACK!
Y--
YAY! I WIN, DON'T I?
I WIN, I WIN!
YEAH.

MMMM!
THIS IS WONDERFUL!
YUMM, I CAN TASTE THE VICTORY!
CHEAP GIRL.
TSK
AHHH
BESIDES WE GOT ANOTHER EMERGENCY CALL.
HERS WASN'T THE ONLY BIG HIT.
AH!
HE HE
DR. KOBA-YAKAWA!

WERE YOU AT THE HOSPITAL UNTIL JUST NOW?
I THOUGHT YOU HAD ALREAD GONE HOME.
AH...
AH...YEAH.
HANAOKA,
YOU HAD A HARD TIME, DIDN'T YOU...
HUH?

I HEARD THAT--THAT HIS HEART RUPTURED.
AND THAT THE BLOW-OUT WALL...
YE-YEAH.
IF YOU ARE TALKING LIKE IT DOESN'T HAVE ANYTHING TO DO WITH YOU,
HANA-OKA...
I'D BE VERY SAD.
MAYBE OOZING MIGHT HAVE WORKED.
BUT EVEN IF THE CELL SAVER CAME IN TIME,
TEN TO ONE YOU COULD HAVE SAVED HIM...
DR. KOBAY-AKAWA

IF YOU HAD BEEN IN THE HOSPITAL,
I'D...
HAVE WANTED TO DO ANAESTHESIA TOGETHER.
I HAVE TO GO BECAUSE THERE IS ANOTHER EMER-GENCY.
EXCUSE ME.
AH..
RUN

DR. HIURA, LET'S GO!
IT'S NOT GOING TO START UNTIL THE CHECK UP IS DONE.
YOU COULD LEARN A FEW THINGS FROM HER,
...
KOBA-YAKAWA.
...
NOTE HANA MEANS FLOWER IN JAPANESE
GAH.
DOCTOR HIURA, HURRY UP!
AS YOU'D EXPECT FROM HER NAME, HANA, SHE RECOVERS LIKE A WEED.
HURRY UP!

WEE-WOO
PEOPLE AND SETTINGS
ARE NOT ENOUGH.
WEE-WOO

OUR TERTIARY I.C.U. STARTED OUT LIKE THIS.
AMBULANCE SIRENS
WEE-WOO

CRASH
YOU--
ALL OF YOU.
SIRENS

TO STRAIN IT ALL.
JUST-- JUST SHUT UP...
END OF CHAPTER 17

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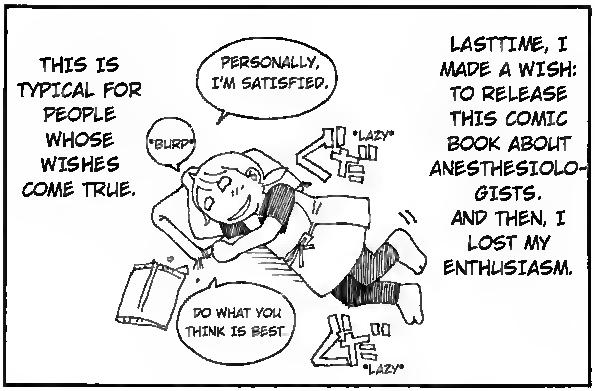
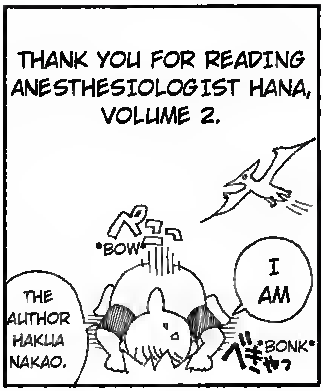
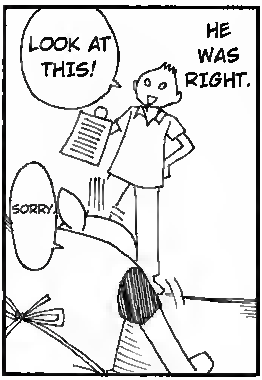
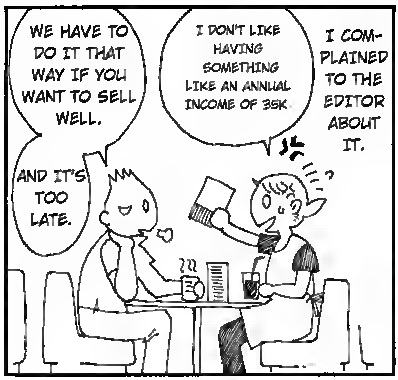
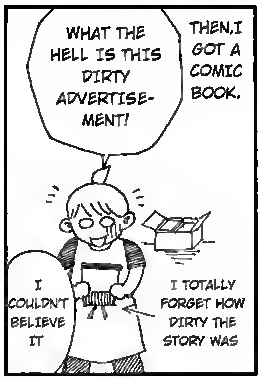
2009/5/19~2009/6/2, 2009/8/4.

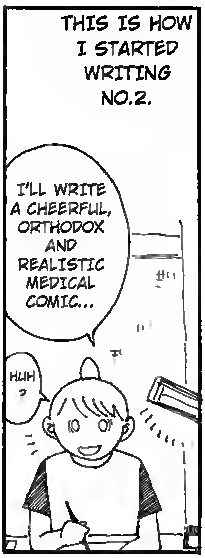

THIS IS TYPICAL FOR PEOPLE WHOSE WISHES COME TRUE.
PERSONALLY, I'M SATISFIED.
BURP
LAZY
DO WHAT YOU THINK IS BEST
LAZY
LASTTIME, I MADE A WISH: TO RELEASE THIS COMIC BOOK ABOUT ANESTHESIOLOGISTS. AND THEN, I LOST MY ENTHUSIASM.

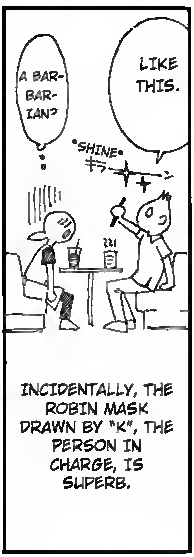

THANK YOU FOR READING ANESTHESIOLOGIST HANA, VOLUME 2.
BOW
I AM
THE AUTHOR HAKUA NAKAO.
BONK


LOOK AT THIS!
HE WAS RIGHT.
SORRY.


WE HAVE TO DO IT THAT WAY IF YOU WANT TO SELL WELL.
I DON'T LIKE HAVING SOMETHING LIKE AN ANNUAL INCOME OF 3SK.
I COMPLAINED TO THE EDITOR ABOUT IT.
AND IT'S TOO LATE.

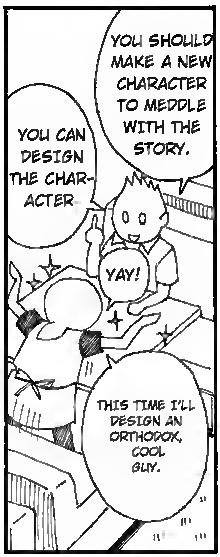

WHAT THE HELL IS THIS DIRTY ADVERTISEMENT!
THEN,I GOT A COMIC BOOK.
I COULDN'T BELIEVE IT
I TOTALLY FORGET HOW DIRTY THE STORY WAS


THIS IS HOW I STARTED WRITING NO.2.
I'LL WRITE A CHEERFUL, ORTHODOX AND REALISTIC MEDICAL COMIC...
HUH ?


A BARBARIAN?
LIKE THIS.
SHINE
INCIDENTALLY, THE ROBIN MASK DRAWN BY "K", THE PERSON IN CHARGE, IS SUPERB.

MORE
WILD LIKE THIS.
DRAW
I COULDN'T SEE THE ORIGINAL IN THERE AT ALL.

HMM
THIS DESIGN IS... TOO MUCH OF COOL GUY.


YOU SHOULD MAKE A NEW CHARACTER TO MEDDLE WITH THE STORY.
YOU CAN DESIGN THE CHARACTER
YAY!
THIS TIME I'LL DESIGN AN ORTHODOX, COOL GUY.

Special thanks

助けられました… THEY HELP ME

監修 SUPERVISION — まおいかい ANESTHSIOLOGIST まつもと先生 DR MATSUMOTO

写真協力 PICTURES — K先生 ANESTHSIOLOGIST DR K まおいかい

取材 COLLECTING DATA — Y先生 ANESTHSIOLOGIST DR Y まおいかい

取材 COLLECTING DATA — N先生 ANESTHSIOLOGIST DR N 循内

取材 COLLECTING DATA — S先生 CARDIOLOGY DR. S まおいかい

相談役 ADVISER — Y先生 ANESTHSIOLOGIST DR Y のーけか

取材 COLLECTING DATA — S先生 NEUROSURGERY DR. S

背景 BACK GROUND — S様 MR. S

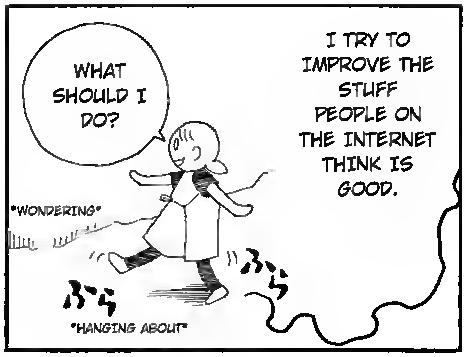
トーン TONE — M様 MR. M

担当編集 EDITOR — K様 MR. K

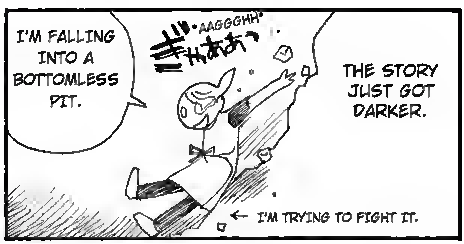
THANK YOU FOR TO MEDICAL PERSONNEL, PEOPLE IN BOOK STORES, MY FAMILY AND READERS.

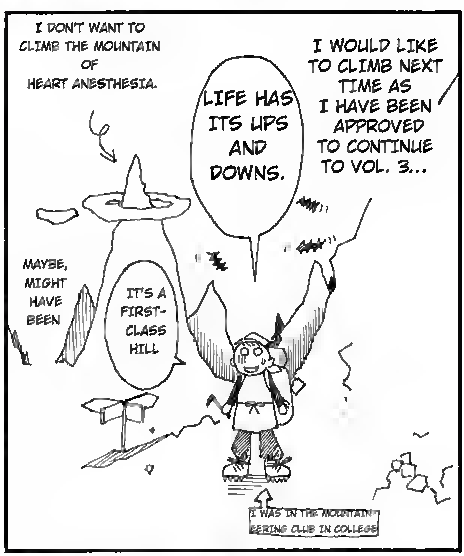
NOTICE

IN THIS MANGA, I SAY IT ALL THE TIME, THE SETTING IS ABOUT 10 YEARS AGO. SOME THINGS ARE NEW, AND SOME THINGS ARE NOT ANY MORE. I ALWAYS WANT REALISM, BUT THIS IS A MANGA, SO PLEASE UNDERSTAND. I TRIED TO EXPRESS THE DANGER INHERENT TO ANESTHESIOLOGY SO THAT SOMETIMES SCENES ARE TOO FAR FROM REALITY. PLEASE DO NOT IMITATE THINGS MY CHARACTERS DO (THOUGH I DON'T THINK DOCTORS WILL.)
"DON'T USE A MASK ON A PREGNANT WOMAN TO GIVE HER ANESTHESIA"
I'M SORRY... ANYWAY,
FOR THE DOCTORS IN DIGESTIVE SYSTEM SURGERY, I LOVE YOU!



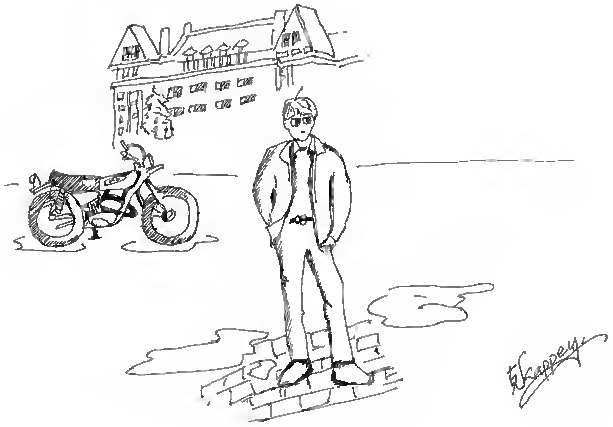
WELL PEOPLE WHO WRITE MANGA ABOUT ANESTHESIOLOGY ARE PERVERSE AFTER ALL...




I DON'T WANT TO CLIMB THE MOUNTAIN OF HEART ANESTHESIA.
LIFE HAS ITS UPS AND DOWNS.
I WOULD LIKE TO CLIMB NEXT TIME AS I HAVE BEEN APPROVED TO CONTINUE TO VOL. 3...
MAYBE, MIGHT HAVE BEEN
IT'S A FIRST-CLASS HILL
I WAS IN THE MOUNTAIN BEERING CLUB IN COLLEGE

そこに山があるから — Because it is there (BY GEORGE MALLORY)

③巻へ続く？ CONTINUE TO VOLUME 3?



EL AIRE

A KAWASAKI 350TR BIG HORN TURNED THE CORNER AT THE EXPRESS HOTEL VERY QUICKLY, QUICK ENOUGH YOU WOULDN'T THINK IT WAS USED.
I DROVE ROUTE 17 TO THE DORMITORY WITH YOKO, MY COUSIN, WAVING. SHE WAS RIDING IN TANDEM.
IN 1974, I WAS 19 YEARS OLD AND ATTENDING VICTORIA UNIVERSITY. YOKO IS THE DAUGHTER OF MY UNCLE WHO LIVES IN CALGARY AND SHE WAS VISITING ME. SHE HAD SEPAL DEFECT SURGERY IN A MONTH.
I WAS DRIVING ON A HAIRPIN CURVE BY THE MEDICAL CENTER BUILDING FROM WHICH I COULD SEE THE DORMITORY, LEANING-IN.
WHEN I NOTICED THAT I HADN'T BEEN COMPENSATING FOR THE WEIGHT OF THE 11 YEAR OLD GIRL, THE 350TR WAS ALREADY FLYING AND I WAS SLIDING UNDER YOKO.
WE BOTH HAD ONLY A FEW SCRATCHS. BUT YOKO'S PRESSURE WENT UP AND SHUNT INCREASE, SO SHE HAD TO HAVE OPEN HEART SURGERY IMMEDIATELY.
"LAST NIGHT A DOCTOR WHO LOOKS LIKE ROBERT (SHE WAS A FAN OF REDFORD) CAME AND TALKED TO ME. HE SAID I DON'T HAVE TO WORRY ABOUT MY SURGERY AT ALL. SO I COULD SLEEP WELL."
SHE SAID IT HAPPILY. THEN SHE WAVED AT ME AND WENT INTO THE OPERATING ROOM.

IN 2008, A DHC TURBO BEAVER LANDED THE WATER IN THE VICTORIA HARBOR. I JUMPED OFF AND HID IN THE BUCKET OF THE BMW Z4 WHICH LORGIO WAS DRIVING. WE WENT TO VICTORIA UNIVERSITY MEDICAL CENTER IN THE RAIN WITHOUT SAYING A WORD. YOKO WENT INTO CARDIAC ARREST BEFORE SHE WOKE UP. SHE WAS IN COMA FOR 34 YEARS.

"THINKING ABOUT IT NOW, IT MUST HAVE BEEN AIR EMBOLISM." LORGIO SAID. THERE WAS NO TRANSESOPHAGEAL ECHOCARDIOGRAPHY, LIKE WE COULD USE TO SAVE HER NOW.

THAT HAIRPIN CURVE IS GONE NOW AND THERE IS A CLEAN LOOP INSTEAD. WE STOPPED THE Z4 AND WERE LAUGHING WITH OUR FACES WET WITH TEARS, OR MAYBE RAIN. WE'LL NEVER KNOW.

YOKO, THE GUY YOU SAID WAS NICE AND WHO GAVE YOU PEACE OF MIND WAS LORGIO'S FATHER. HE BECAME A HEART ANESTHESIOLOGIST JUST LIKE HIS FATHER. OH, AND I DID TOO. THAT ROBERT REDFORD LOOK-ALIKE SAID "HI" TO YOU.

KAPPEI MATSUMOTO

ACTION COMICS

麻酔科医ハナ②

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